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# THE WEST VIRGINIA MEDICAL STUDENT:

A MONTHLY RECORD OF THE PROGRESS OF MEDICINE, SURGERY AND THE ALLIED SCIENCES.

BOSTON MEDICAL LIBRARY ASSOCIATION

JAMES E. REEVES, M. D., Editor and Proprietor.

NOVEMBER, 1875.

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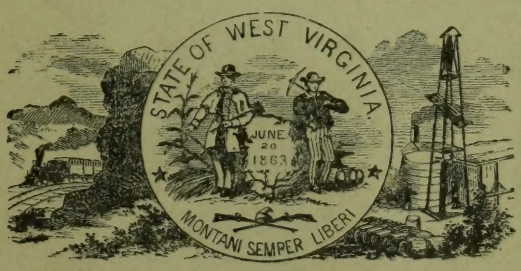


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THE WEST VIRGINIA

# MEDICAL STUDENT:

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Vol. 1. WHEELING, NOVEMBER, 1875. No. 1.

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## Original Communications.

### Art. 1. *On the Pathology and Treatment of Aphonia.* By DR. JOHN C. PETERS, New York,

APHONIA is a loss of the voice, which may proceed either from debility or paralysis of the vocal muscles; from catarrhal relaxation of the mucous membrane, especially of the upper or false, or lower, or true vocal cords; or from relaxation of the vocal membrane, which is composed of elastic tissue situated between the mucous membrane, and the internal laryngeal muscles; the upper margins of which extending from the entering angle of the thyroid cartilage back to the base of the arytenoid cartilages, is almost universally described as the true vocal cords. Finally, disease of the recurrent laryngeal nerve leads to aphonia.

In simple aphonia, whether catarrhal, rheumatic, paralytic or hysterical, the condition of the thyro-arytenoid muscle, which arises from the inner surface of the thyroid cartilage and from the

contiguous portion of the vocal membrane, and passes backwards and upwards to be inserted into the base of the arytenoid cartilage, is the most important. It draws the arytenoid cartilages forward and relaxes the vocal membrane and cords. This muscle is so intimately connected with the elastic tissue of the vocal membrane and cords, that it constitutes the true contracting power of the vocal cords. The crico-thyroid muscle renders the vocal membrane somewhat tense. The posterior crico-arytenoid muscle makes the vocal membrane tense, and widens the glottis, by rotating the arytenoid cartilage on its base outwards and backwards. The lateral crico-arytenoid muscles turn the base of the arytenoid cartilages outward and forward, relaxing the vocal membrane and opening the glottis. The arytenoid muscle draws the arytenoid cartilages together and thus narrows the glottis. It is weakness or paralysis of some or all of these muscles which causes aphonia, the most important remedies for the relief of which are Nux Vomica, Ignatia, Ergot, etc. Even in catarrhal aphonia, although the swelling and relaxation of the mucous membrane does its share, it is the secondary paralyzing effect upon the muscles below it, which causes most of the aphonia.

Trousseau distinguished two varieties of Aphonia, one of which comes on suddenly; the other slowly. The former is apt to be caused by some great shock to the nervous system, and is liable to occur in impressible and nervous women from any violent emotion, such as fear, anger, bad news, or great joy. He cites the well known story of the woman who suddenly lost her voice when she saw her husband in the very act of adultery; and that of a young woman who was struck with terror and fainted when a horse and cart all at once and with tremendous noise crushed in the window of the shop in which she was working. On regaining consciousness she was voiceless.

These cases are not preceded by any previous laryngeal affection, but the catarrhal cases are, although sometimes they take place very promptly after a few days of cough and cold. In other instances

persons lose their voice somewhat suddenly after taking a cold bath, or after passing abruptly from one temperature to another. It may show itself not only after a check of perspiration, but also after the suppression of some other flux, one of the most common of which is obstruction of the menses. In some of these cases there is a more durable rheumatic affection of the crico-arytenoid articulations, causing temporary anchylosis of them either from pain or spasm, or stiffness of these joints.

In the slow cases, the voice is observed to be muffled from time to time, and finally becomes exceedingly hoarse. The voice is very deep in the morning and apt to be more shrill in the evening; but it is only by making great efforts that clear sounds can be produced; and subsequently there are days, especially after too much talking, when no efforts avail, and the larynx is absolutely incapable of producing any sounds. At first, this aphonia is apt to be intermittent, and comes on in the evening when the patient is rather tired; but afterwards it becomes complete and continuous. Men are most subject to this variety, and those who use their voices much, such as singers, lawyers, clergymen, navy officers, hucksters, auctioneers, etc. It is often co-incident with follicular ulceration of the pharynx, and it is possible that the irritation and inflammation then extend down into the larynx. The visible lesions are superficial, and it is probable that the laryngeal muscles have often been fatigued and overstrained.

Nervous aphonia is generally attributed to some disease of the recurrent laryngeal nerves, because these are exclusively motor, and supply all the laryngeal muscles except the crico-thyroid, which is innervated by the superior laryngeal, which is the sensitive nerve of the larynx and mainly distributed to the laryngeal mucous membrane. The crico-thyroid muscle has, perhaps, some little influence upon the voice, as it arises from the front and side of the cricoid cartilage and ascends outward and backward to be inserted into the lower border of the thyroid cartilage, which it draws downwards and thus helps to render the vocal membrane tense. But as

a general rule, it may be assumed that in the catarrhal and inflammatory affections of the larynx, the superior laryngeal nerve and the mucous membrane over which it presides, are involved, while the muscles are only implicated secondarily. But in rheumatic, paralytic and hysterical aphonias, the recurrent laryngeal, and most all of the vocal muscles are concerned. For the muscles and mucous membrane of the larynx are supplied by two entirely different nerves, although they are the motor and sensitive branches of the same trunk.

When the superior laryngeal nerve alone is affected, the aphonia is never complete; the voice is hoarse, and the patient cannot utter the higher notes, while he can generally articulate the deeper ones. Section of the superior laryngeal nerves causes hoarseness, but does not produce complete extinction of the voice; for it paralyzes the crico-thyroid muscle only, and merely causes some relaxation of the vocal membrane, which may be counterbalanced by energetic contraction of the thyro-arytenoid and other muscles.

On laryngoscopic examination, the vocal cords will be seen to approach and separate in a normal manner, but the emission of sound is accomplished with difficulty, from a lessened vibration of the vocal cords.

When the inferior laryngeal nerve is affected the aphonia is complete, for all the muscles, except the crico-thyroid are paralyzed. The vocal cords are seen motionless and widely separated. Paralysis of one vocal cord is very common; but it is only occasionally caused by the pressure of enlarged bronchial glands, cancer or tumors of the neck, and aneurisms of the aorta, innominata and subclavian arteries. The recurrent nerve, on account of its anatomical position, is much more frequently the subject of compression from these causes, and has been found much flattened and atrophied by them.

Among the constitutional diseases, syphilitic leads less frequently than tubercular laryngitis to complete aphonia. The explanation of this is easy, for the *lower* or *true* vocal cords are but rarely attacked

in the syphilitic affection. The epiglottis is generally invaded first; then the superior thyro-arytenoid ligaments, or false vocal cords; third, the aryteno-epiglottidean ligaments; fourth, the mucous membrane of the ventricles; and fifthly, and quite rarely, the *inferior* or true vocal cords.

In tubercular laryngitis the mucous membrane of the upper or false cords are attacked first and oftenest; next the epiglottis; and third, the inferior, or true cords.

TREATMENT.—Dr. Gemer gives a case of complete aphonia in a young lady from exposure to cold. Many remedies were tried in vain for three months, when she recovered her voice in three days from the inhalation of ammoniacal vapor, disengaged from a mixture of a solution of muriate of ammonia and carbonate of potash. One would suppose that it would have been easier to inhale, or smell of Aqua, or Carbonate of Ammonia. I have cured many cases by the inhalation, and especially by the internal administration of Ammonia; and have often relied successfully on the Aromatic spirits as in the case of the celebrated singer Mario.

*Alum* gargles have been used advantageously in aphonia from supposed atony of the larynx with paleness of the fauces and debility of the laryngeal muscles. Bennati, when physician to the Italian opera in Paris, relied upon a gargle made with Alum, ʒj in f℥ijss of barley water. Saucerotte, according to Stillé, found the internal administration of Alum decidedly more efficient. He commenced with ten grains a day in divided doses and gradually rose to forty-five grains. Alum dry upon the tongue, or alum lozenges are recommended to complete the cure, and in the milder cases of relaxation of the faucial mucous membrane. Iron-alum is often more useful in obstinate cases, and Tannin has been recommended, although I often prefer Borax, given in the same way as directed for alum. It seems to exert a peculiar healing influence upon the laryngeal mucous membrane.

*Chlorine Vapor*, was used in aphonia following ordinary colds,

without organic lesion, by Dr. Pancoast. Drop by drop of dilute Hydrochloric acid was added to a solution of chloride of lime, or soda, and the fumes inhaled.

*Sulphate of Copper*, in saturated solution, was often applied by Trousseau, with a sponge probang. Many cures were effected by one or several applications. Sometimes he substituted Tincture of Iodine, or solution of Nitrate of silver, although the copper was his favorite application. At times he used one cigarette daily, of which twenty were made with paper soaked in fifteen grains of Arsenic, in fifteen drachms of water. Still copper was supposed to exert a peculiar electrical action on the laryngeal nerves and muscles.

*Ignatia* contains about four times as much Strychnia as nux vomica, and is highly praised by Phillips in the aphonia of hysterical women with amenorrhœa and profuse leucorrhœa. He says all these symptoms will disappear after a steady course of this medicine. It is useful in all debilitated and paralytic states of the laryngeal muscles.

*Ipecac* was used by Dr. Robertson, with the most conspicuous benefit, in full emetic doses; thus: vin. Ipecac, fʒjx; oxymel Scillæ, fʒiij; to be taken at one draught. This dose was to be repeated every three or four days, and if the aphonia arose from catarrh, diluents and sudorifics were to be employed at the same time. It is only useful in cases arising from catarrhal and sub-acute inflammation of the laryngeal mucous membrane; and small non perturbating doses are the most useful, except in hysterical cases in which one wishes to produce some unpleasant little shock or commotion in a foolish patient.

*Iodine*, by inhalation, has been used successfully in chronic laryngitis, and in aphonia arising either from debility or relaxation, or from chronic thickening of the laryngeal mucous membrane. It may also be applied to the skin of the fore part of the neck, and given internally in small doses; or applied directly to the vocal cords.

*Atropia* in doses of one-sixteenth of a grain, once a day, in alcoholic solution, is said to effect a rapid cure in nervous aphonia. It

is perhaps unfair to dispute experience, but Atropia is generally regarded as better adapted for spasms than for paralysis. It paralyses the peripheral ends of the motor nerves in striped muscles, and the terminal twigs of the sensory nerves in the mucous membranes, but leaves the muscular irritability proper, intact. Upon the vasomotor nerves, it produces paralysis, with ultimate vascular dilatation, etc. It may act as an alterative upon the mucous membranes, and allay their morbid sensibility, while it does not destroy muscular irritability. Still the above recommended dose is larger than is safe, and Nux Vomica, Ignatia, and Ergot are more frequently applicable.

*Peroxide of Iron* has been used in old times in hysterical aphonia, but generally in combination with valerian; twenty to thirty grains of the former, to ten grains of the latter three times daily.

*Pyrethrum*, or Spanish chamomile or pellitory, when chewed, has been found useful as a direct stimulant in paralyses of the tongue and muscles of the throat, and in nervous and paralytic aphonia, by Copland. It produces a peculiar pricking sensation, accompanied by heat and a kind of vibration as if from electricity. As a masticatory, from thirty to fifty grains of the dried root are used; as a gargle, two or three drachms of the tincture in a pint of water; and from five to ten drops per dose may be given internally.

*Electricity* is the remedy which is now most frequently resorted to. Niemeyer says in methodical excitement of the nerves by the induced electric current, we possess a most efficacious remedy. Localized faradization seems to him to have a curative action, beyond all comparison greater in palsy of the glottis than in any other form of paralysis.

Since glottic palsies have been diagnosed with certainty, an astonishingly great number of cures have been effected by the induced current. Althaus relieved eleven out of thirteen cases. Some are cured at the first sitting, and the rest are generally improved. It is useful not only in hysteric aphony, but in a great variety of forms of glottic-palsy. To excite the laryngeous superior nerve, one elec-

trode is placed over one superior horn of the thyroid cartilage, and the other over the manubrium sterni. To act on the recurrent nerve, one electrode is placed over the thyroid cartilage itself. Morell Mackenzie reminds us that the presence of a shrill cough, or the slightest dyspnœa, should forbid the use of electricity in aphonia. Russell Reynolds has known a strip of blister around the neck to cure aphonia when all applications of electricity had failed.

83 Madison Avenue.

## Art. 2.—ON TESTING FOR ALBUMEN.

By JAMES TYSON, M. D., Philadelphia.

Prof. of Pathological Anatomy and Histology in the University of Penn'a; one of the Physicians to the Phila. Hospital, Etc

TO determine the presence of albumen in urine when it is abundantly present, is a very simple matter. The application of heat will throw down albumen even from an alkaline solution if highly charged with it, while the addition of a few drops of acid removes all possibility of error. But it is well known that small quantities of albumen, the significance of which in diagnosis and prognosis is often more important than that of large amounts, often escape detection; and it is with a view to pointing out the way to avoid such errors that this paper is written. In it I shall propose no new tests for albumen, a careful trial of all the so-called "delicate" tests recently proposed, having convinced me that none are more delicate than the ordinary "nitric acid" and "heat and acid" tests, if used with proper precautions.

Under all ordinary circumstances by far the most distinctive test for small quantities of albumen is that form of the nitric acid test, known as Heller's, which consists in underlaying a small quantity of urine in a test tube with colorless nitric acid, by allowing the latter to

run gently from a pipette along the sides of an inclined tube in which about half an inch of urine has been placed; or what amounts to the same thing, and is a little easier of performance, placing as much colorless nitric acid in the bottom of a tube and then allowing the urine to fall gently upon it from the pipette. If albumen is present a distinct, *sharply defined opaque white* line will be found at the junction of the two fluids.

To secure the most successful operation of the test, certain precautions are necessary. *First*, the acid must be colorless, that it may contrast the better with the yellow color of the urine. *Second*, the urine must be *perfectly clear*, free from *all turbidity*, and to this end, unless it is unusually clear beforehand, it should be filtered. *Third*, the gradual falling of the urine on the acid is best accomplished from a pipette of moderate calibre (⅛ in., or a little larger) of which the upper end, *slightly roughened*, is covered by the index finger, while the pipette is slowly rotated between the middle finger and the thumb. In this manner, the entrance of air from above can be so regulated that the descent of the urine will be very gradual, so that falling gently on top of the acid, it will remain there without mixing. *Fourth*, if there happen to be an excess of urates present in the urine, a white cloud of *acid urates* will soon make its appearance, but instead of being confined to the line of junction of the two fluids, will rapidly disseminate itself through the entire layer of supernatent urine, while it may be quickly dispersed by the application of a gentle heat from a spirit lamp, long before the point of ebullition is reached. *Finally*, it need scarcely be mentioned that a *brown* line of the coloring matters, which always forms more or less vividly at the point of junction between normal urine and the acid, must not be mistaken for the opaque white line of albumen.

In the vast majority of cases, this test, carefully carried out, even in the hands of the inexperienced, will exhibit the presence of albumen when it would have been overlooked in the ordinary mode of application of the heat and nitric acid test. But in the course of an experience involving the daily examination of urine, I have met sev-

eral instances in which it failed to give satisfactory evidence of the presence of albumen, when the ordinary heat and acid test applied in the manner to be described proved it conclusively.

Many who have often tested urine for albumen by the ordinary heat and acid test, will have observed that after boiling the clear urine and adding a few drops of nitric acid, the resulting fluid will be apparently clear; but upon setting aside the urine thus treated, say for twelve hours, or until the next morning, there will sometimes be found a small deposit. Supposing the urine before testing, to have been *carefully filtered*, this deposit is either 1st, acid urates; 2nd, uric acid; 3rd, nitrate of urea; or 4th, albumen. The *first* result from a partial decomposition of the neutral urates by the nitric acid added; the *second* by a further action of the acid upon the acid urates, and a resulting complete separation of the uric acid from the sodium, potassium, etc., with which it was combined: the *third* is found only when the urine happens to be highly concentrated and contains an unusual proportion of urea. The *second* and *third* have well known forms of crystallization* by which they can be easily recognized under the microscope, but the acid urates and albumen are both amorphous and cannot therefore be thus distinguished. *All* however, *except albumen* disappear on the reapplication of heat. In all instances, therefore, urine which has been tried by heat and nitric acid, *should be boiled again* after cooling and standing from six to twelve hours, and if the sediment is not dissolved after such ebullition, it is albumen.

As already stated, I have found albumen in this method when I failed to prove its presence either by Heller's test, or the heat and acid test applied in the ordinary way. Why it is invisible before this cooling and standing are allowed I cannot say, but think it is possibly due to the fact that on account of the very small quantity and extremely minute comminution of the particles of albumen they cannot be seen in suspension, but nevertheless are sufficient when aggregated to make an appreciable deposit. My only evidence in favor

* See the author's work on the Practical Examination of Urine, figs. 8, 12, and 13.

of this supposition lies in the fact that when I have found such sediment and have diffused it by ebullition through the supernatent fluid, I have produced such minute subdivision as by no means to interfere with the transparency of the urine, while the particles were still visible by the closest scrutiny. And this fact must be borne in mind when boiling the second time, in order that such minute subdivision may not be mistaken for solution.

My own method, therefore of examining a specimen of urine for albumen is invariably as follows: I.—Unless *perfectly* clear it is first filtered, a portion of the filtered fluid is then taken and its reaction determined. If not acid, it is cautiously acidulated, and then boiled, being carefully watched in a *good light* for detection of the least diminution of transparency. A few drops of nitric acid are then added, and if a turbidity which has ensued upon the action of the heat disappears, it is caused by phosphates of lime and magnesia, and not albumen. If any degree of turbidity remains it is caused by albumen, and the test may end here,—although it is well to put the tube aside, in order that the albumen may subside and be approximately estimated. If, however, there is the least doubt about the presence of albumen, the tube must be set away, carefully protected from dust, for six to twelve hours, in order that any appreciable sediment may subside, and be subsequently again tried with heat.

II. A test tube is now filled to the depth of half an inch with colorless nitric acid. About as much urine is then allowed to fall gently upon it in the manner described, and the point of junction of the two fluids carefully examined for the white line. This is best observed by holding the tube in front of a dark ground, just below its upper edge, so that the light may fall upon it obliquely while at the same time the line of the two fluids is seen on the dark ground.

When this double test is carefully applied as above described, it is scarcely possible to err with regard to the presence of albumen. Where it is abundantly present, it is, of course, unnecessary to use either the modified heat and acid test, or the Heller's test, although the latter is always useful in that it affords one means of approximate-

ly estimating the amount of albumen. Thus, if the white line has the depth of a *crow-quill* the albumen is said to be *less than half of one per cent.* If the zone is wider than this, granular and sinks in more or less lumpy masses, then the quantity is large,—*from one to two per cent.*

I was for a long time under the impression that the precaution above described with regard to the heat and acid test, was identical with one suggested by Dr. C. E. Brown-Séquard, in the first number of his "*Archives* of *Scientific* and *Practical Medicine*," but on looking up the matter find that he there says "If we first test by heat urine containing albumen, (after having ascertained that it is naturally acid) we may not find the least precipitate: and if we add nitric acid to it after it has boiled, and become somewhat cold, we may yet not find precipitation of albumen. *But if we boil a second* time that now acidified urine, the solidification *of albumen quickly takes place, and a precipitate soon appears.*" A comparison of this with the above test will show the difference; although Brown-Séquard says "this is certainly what we see in almost all cases." I must confess never having witnessed such precipitate under the precise circumstances he describes—that is, immediately after the second boiling.

While on the subject, it may be well to add what he further says in the same connection. "In three cases in which the microscope showed tubular casts in the urine, the albumen contained by this fluid was so modified by the heat that if the urine (which was naturally acid) was boiled *first*, the addition of nitric acid in small or in large quantity at a low temperature or at the degree of boiling, produces no solidification of that protein substance. But when I added either a small or large quantity of nitric acid to the fresh *unboiled* urine and then boiled it, the ordinary coagulation took place, and after some time of rest, the ordinary precipitate appeared. It is evident, therefore, that there is sometimes in the urine a kind of albumen which loses its coagulability by boiling."

The lesson from these facts is that it would seem necessary to apply the heat and acid tests *both ways*, that is, the acid should first be

added to the urine and the mixture then boiled, as well as that the urine should be first boiled and the acid then added. I believe however that if the method above described is carefully carried out albumen cannot be overlooked.

332, South Fifteenth St.

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## ART. 3.—POTT'S DISEASE OF THE SPINE.

By HUGH W. BROCK, M. D., Morgantown, W. Va.

A Clinical Lecture to his Office Pupils, June 1875.

YOUNG GENTLEMEN: I have the opportunity to-day, of presenting for your investigation a case illustrative of one of the rare phases—at least somewhat rare in this locality—of that protean malady, Struma, of which we find so many manifestations in other and more common forms.

Respecting the essential nature of Struma, Scrofula or King's Evil—or, to use the more highly scientific term, pædatrophia glandulosa—our knowledge is as yet involved in much obscurity. There are certain facts, however, connected with the malady respecting which our knowledge is quite certain. We know, for example, that it is a disease incident, mainly, although not exclusively, to infancy and early childhood; that its pathological or pathogenetic seat is somewhere in the system of nutrition; and that those affected by or predisposed to the disease are persons possessed of a degree of vitality much below the normal standard; and that this feebleness of the vital forces tends to the production of a certain cacoplastic formation known as tubercle.

As to the nature and pathogenesis of tubercle, whether it is *ab initio* a morbid product, or whether it is merely a degeneration of what was originally part and parcel of normal tissue-elements, we shall not stop here to inquire. Neither shall we, at present, attempt

to solve the problem whether tubercle is uniformly and invariably an attendant upon all forms of scrofulous disease. These are questions upon which pathologists of the present day are not all agreed. Up to a comparatively recent period the weight of authority has been in favor of the former view touching both these points. Now the preponderance is in favor of the latter.

As to the phase of the malady presented in the case before us, it is generally conceded to have its origin, at least in the majority of instances, to tubercular deposit. That portion of the anatomy for which tubercular deposition manifests its strongest preference is the glandular system; and by far the most common site of the deposit in the strumous cachexia is in the glands of the neck. Its presence there, after a shorter or longer period, inducing a low grade of adenitis, slow in its progress, leading to enlargements of the affected glands, which enlargement may, after a time, disappear by absorption; or, the inflammatory process may end in suppuration with discharge of the inflammatory products, leaving after the healing process has been completed characteristic cicatrices resulting from scrofulous sores.

Perhaps next, in order of frequency, these deposits are found, especially in infants and young children, in the glands of the mesentery constituting the disease known as marasmus or *tabes mesenterica*. The important *role* which these organs play in elaborating the nutrient material from the food soon becomes manifest in the somewhat rapid and steadily increasing emaciation which the entire body undergoes when they have become the seat of tuberculous disease. While it is true that gland tissue is the favorite site of tubercle, other structures are, by no means, exempt. For example, not only the bronchial glands but the parenchyma of the lungs become the seat of this deposit and we have as the result, pulmonary tuberculosis or pulmonary consumption. The mucous membranes are in like manner attacked and we have the scrofulous form of catarrh; the serous membranes also, and we have strumous synovitis—or the meninges of the brain may be invaded and we have what is

known by the names tubercular meningitis and acute hydrocephalus or dropsy of the brain. Finally, any portion of the osseous structure and especially its cancellated or spongy texture may be the seat of tubercle. The head of the femur, for instance, may become thus affected and we have hip-joint disease; or the bodies of the vertebræ, which are composed almost exclusively of cancellous tissue may become the seat of tubercle developing what we have in the case before us, and known by the several names, Caries of the vertebræ, Pott's disease of the spine, Tuberculosis of the spine, Kyphosis, Gibbus, Augular Currature, and so on.

The history of this little patient, George Kines, aged 4 years, is as follows: He commenced to walk when nine months old and, though somewhat delicate from infancy, continued smart on foot until October last, when he would frequently ask to be carried, saying he was tired. In November he was thrown from the door-step by a play-mate, from which he complained at the time, and in a few days subsequently upon complaining of pain in his back was examined by his mother who discovered the tumor or prominence which you here see and which she states was then nearly the size now presented. You observe the prominence occupies the region of the three last dorsal vertebræ and rises somewhat abruptly from the plane of the smooth spinous ridge as presented above and below the projecting mass, and forms a bulk about the size of a small fist. There is as you perceive no discoloration nor unnatural heat. It is hard to the touch, and pressure with the hand is painful to the patient.

Observe the attitude of this patient. You see he endeavors to sustain the weight of his body as much as possible with his hands resting upon his thighs when standing alone or in locomotion; but he evidently prefers standing with his elbows and forearms resting upon a chair or low table in front of him, or, as you at this moment observe, upon his mother's lap. Notice his coat sleeves. They are worn in holes along the course of the ulna from this habit, and the mother informs us her time is frequently employed in patching the sleeves of his garments. You further notice that the anterior infe-

rior walls of the thorax project considerably in front of the perpendicular line, of the body while the head and shoulders, when the erect posture is attempted, are thrown backward to compensate for this deviation from the line of gravity.

Now, in order that you may understand the mechanism by which, in the progress of morbid changes, the deformity which we here see so characteristically manifest is developed, I will direct your attention for a few moments to the anatomy of the spinal column.

This column, as you are aware is exclusive of the sacrum and coccyx, made up of twenty-four separate pieces called vertebræ, viz: seven cervical, twelve dorsal, and five lumbar. "Each vertebra," to use the words of Gray, "consists essentially of two parts, an anterior solid segment or body and a posterior segment or arch. The arch is formed of two pedicles and two laminæ supporting seven processes, viz: four articular, two transverse and one spinous process." The transverse and spinous processes serve mainly for the attachment of muscles while the articular or oblique processes serve as the media by which the several vertebræ articulate with each other to form a strong continuous column and yet allow of such degrees of flexion as are incident to the various movements of the body. The bodies of the vertebræ, commencing with the last lumbar lying upon the base of the sacrum, are piled one upon the other like the bricks in the wall of a building—separated from each other by interposed layers of fibro-cartilage—until the summit, the atlas, supporting the cranium is reached.

The spinal column thus normally constructed, as you see in the skeleton and in the diagram upon the black-board, although describing several curves in its ascent, is in its general direction vertical, as a plumb-line suspended from the middle of the atlas passes near the middle of the bodies of the last lumbar vertebræ; hence the erect posture of the normal human form.

Understanding now that the bodies of the vertebræ sustain mainly the weight of the superimposed trunk and upper extremeties you can readily comprehend that when one or more of these bodies

have become the seat of tubercular deposit the morbid changes which ensue therein lead ultimately to such a disintegration of structure as converts them into a honeycomb condition when they yield to the superincumbent weight alone—or aided, perhaps, by some violent effort or external force—and the bodies of the sound vertebræ immediately above and below those involved in the disease approach each other or come together. Simultaneously with this approximation, anteriorly, the corresponding spinous processes become widely separated and present the abrupt convexity upon the spinous ridge which we see in this boy's case. The series of changes which I have thus endeavored to describe as culminating in this phenomenon you will see still more clearly illustrated in the diagrams upon the black-board by contrasting the healthy with the diseased spine as there represented. Having said this much pertaining to the pathology and mechanism of the deformity, we recur to the clinical phenomena of the case.

You observe the flush upon the patient's cheek. It is the flush of fever of an irritative type—the flush of hectic. On inquiry we are told by his mother that he seeks the fire in the forenoon, is hot during the after part of the day, and sweats profusely at night. These are the prominent features of hectic, and belong to that stage of the disease which this patient has now reached. On applying the thermometer within the axilla we find the temperature 100.3° F. His pulse is 120 per minute, and wiry; tongue slightly coated and red at the edges. We are informed that no fever appeared until within the last two weeks. Febrile movement, although unobserved, has doubtless been of much longer duration.

I had directed that all the patient's urine passed during the twenty-four hours previously to his coming here be saved and a specimen brought for examination. Here are scarcely ℥ij, which is stated to have been all that he passed during the latter part of the night. The excessive action of the skin would diminish the excretion from the kidneys, but the quantity alleged to have been voided during the period stated is unusually small—barely sufficient to determine

its specific gravity which, as you see, is but 1008. The low specific gravity is hard to be accounted for, as we would expect a relative increase of the solid constituents under the circumstances, and consequently a higher specific gravity. It is faintly acid to litmus paper, and when boiled in a test tube over a spirit-lamp it becomes quite opalescent. This is due either to the presence of albumen or to a deposition of phosphates. If the former, the addition of nitric acid will increase rather than diminish the coagulation; while if to the latter the acid will redissolve them and render the urine clear. The latter, as you see, results from the addition of the acid, and proves the absence of albumen and the presence of phosphates in excess. When we come to examine the sediment of this urine under the microscope we shall doubtless find crystals of the phosphates in abundance.

When those tissues of the body into which phosphorous, in combination with other chemical elements go to form proximate principles, enters (as in the brain, bones, etc.) become the seat of morbific change, the elimination in excess of these proximate principles by the kidneys is quite a constant phenomenon. Its appearance therefore is this case is in harmony with its pathology.

You have observed during the examination of our little patient that he has been alternately peevish and cheerful. This is to be regarded as evidence not so much of perverted moral disposition as evincing the varying mental states consequent upon moments of physical suffering. It is somewhat pathognomonic of the affection. You see frequent allusion in the text-books to the strumous diathesis. This patient is a good example. You notice his clear complexion and thin skin, the blue veins coursing his temples and forehead, the swollen and inflamed state of the tarsal margins of both eyes. The upper lid of the right eye droops, the conjunctiva of that eye is quite vascular and the cornea clouded. This eye, we are told, has been sore ever since an attack of measles eighteen months ago. The cervical glands on either side are enlarged and have been so from infancy. The mother reminds me that I prescribed for immense enlargement here but a few months after his birth.

Furthermore, you have noticed the vivacity of temperament and sprightliness of mind evinced by this little fellow while correcting errors of statement made by his mother in response to our interrogations. This precocity of intellect, though often gratifying to parents, is no "sweet unction" to such as apprehend its significance. It is but the premature development of functional activity that exhausts itself before life's full vigor is attained—an early efflorescence that points to untimely decay.

These then are the factors which make up the strumous diathesis and predispose to the malady from which this little patient is now suffering. You will find authorities who teach that caries of the vertebræ has no necessary connection with struma; that the disease is, as a rule, of traumatic origin and developed by this cause independent of constitutional tendency. Whatever of truth there is in this doctrine it fails to find support in the most rigid analysis of the case before us. In the first place, the patient inherits struma from his parentage on both sides—a fact which I have hitherto omitted to mention. He has been, most of his life, the subject of what is recognized as strumous disease. The most careful inquiry has failed to elicit any fact leading us to suspect the reception of injury except that mentioned as occurring a few days previous to the discovery of the deformity and long after the first appearance of symptoms of spinal trouble. Moreover, the time intervening between the date of that injury and the appearance of the deformity is too short to be at all regarded as initiatory to the disease. We are forced, therefore, to conclude that the malady, in this instance, has its origin in tuberculosis.

The important question to this mother and child is,—how is the case likely to terminate? We reply, the deformity is incurable. But the local inflammatory action may subside; its liquid products become absorbed; the general health improve; and that portion of the spinal column which has undergone disintegration may become the seat of new ossific deposit serving to unite the adjacent vertebræ, and the patient thus recover with anchylosis of that region of the spine and permanent angular deformity.

But a less fortunate issue may result. The general dyscrasia may increase; the diseased change going on in the bony structure of the part affected may continue or become aggravated, ending in suppuration and abscess which may find exit either near the present site of diseased action or at some remote point. The exhausting purulent discharge which must, in that event, follow will so undermine the patient's strength and vitiate his system that he may succumb to hectic, pyæmia or some intercurrent affection.

The varying course which these abscesses take is a subject of curious interest, and its explanation calls into exercise your anatomical knowledge. For example: the matter starting from the diseased vertebræ may pass down beneath the iliac fascia and point in the groin above Poupart's ligament constituting iliac abscess; or it may enter the sheath of the psoas muscle and point below Poupart's ligament forming Psoas abscess; or, again, it may travel down beneath the fascia lata and present at any point along the course of the thigh, in the popliteal space, or calf of the leg. Erichsen cites a case in which he opened an abscess alongside the tendo-Achilles having its origin in caries of the vertebræ.

In entering upon the study of this part of the subject you will find much of its obscurity removed by heeding the teachings of Prof. Gross, who includes lumbar, psoas, iliac and other abscesses having their origin in this common cause under the general term "spinous abscess," regarding the other several terms as relating merely to the topography of exit and possessing no further pathological importance than that which may be incidentally involved.

The last most important question is, what can be done for this patient? Three things are requisite—rest, good air, and good food. He must be kept upon his bed as much as possible in the prone position, and yet it is equally necessary that he should be carried out of doors frequently when the weather permits. He must have as much beef-steak, soft-boiled eggs, and good bread and butter, with tea, coffee or milk, as his stomach will digest. We will not cauterize his back to establish an issue, although we should have high au-

thority for so doing, but rather seek to remove sources of irritation and endeavor to build up his system. We will give him quinia sulph., with acid sulph. aromat. in tonic doses; and he will yet need potass. iod., as an alterative.

The question of mechanical support by apparatus is not, under present circumstances, to be discussed. Under the course indicated we shall hope for improvement.

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## Art. 4.—JAUNDICE WITH HÆMATURIA.

**By A. ATKINSON, M. D., Baltimore.**

THE PATIENT a white woman, aged 25 years—skin deep yellow—vomiting large quantity of bile. Had chill every other day for two weeks; now, the chill comes on every day. Her physician had given her Barberry Tea and comp. cath. pills—one to be taken three times a day. She suffers from headache; the skin is hot and dry; urine abundant and full of blood; bowels costive; tenderness on pressure over stomach, liver and kidneys; constant nausea; and pulse feeble.

Gave her at once vj grs. quinine, jv grs. oxalate cerium, and ij grs. capsicum, in capsule, expecting the chill to return at one o'clock in the night. Left her xx grs. quinine, x grs. cerium, and x grs. capsicum to be taken in five capsules—one every hour for three doses; after that, one every three hours. Applied a cantharides plaster, 6 x 8 in., over the liver, leaving twelve grains quinine and one-half grain morphia to dress blister when fully drawn. Saw her next day 6, A. M., December 2nd, 1872, better, but very nervous. Nausea and vomiting entirely relieved—no headache, bowels opened, suffers no pain in the limbs or loins, skin moist. Gave calomel x grs., soda bi-carb. xv grs. at one dose; and directed a warm water enema with

℥ij castor oil and ℥ss Turpentine—continuing the quinine in doses of two grains in capsules, every four hours. In the next six hours, bowels are freely emptied of dark tarry matters.

The patient was subsequently built up with milk-punch and Oyster-soup, with five grains cit. ferri. et quinia, taken three times a day in infusion of quassia.

This woman was seized with the same trouble one year later, and came near dying. Here was a case of the deepest yellow skin. Dr. Graves thinks the deeper the hue, the better the chance for a cure—his idea being that the slow cases suggest scirrhosed liver. Hæmaturia is often epidemic among children in the Isle of France. The above described case occurred in the tide-water region of Virginia.

59 N. Charles St.

# EDITORIAL.

## SALUTATORY.

WITH this issue of the West Virginia Medical Student another name is added to the list of American Medical Journals, and an industrious effort will be made to render the enterprise creditable to the local and state profession which it is intended faithfully to represent.

The publication is started to gratify no personal ends—because of no flattering prospect of mere business gains—for no other purpose, indeed, than to encourage the profession in West Virginia to more vigorous and effective labors; to a stricter observance of the reasonable demands of the National Code of Medical Ethics; and thus aid, as far as possible, in elevating their standard in the esteem of the common brotherhood.

Such being the object of the Medical Student, we trust to make it an important auxiliary to the State Society—for which, because of its paternity, we feel no ordinary interest—in its efforts to attain those rights and privileges which are due to legitimate medicine, and prevent the incursions of empiricism and the dangerous practices of ignorant pretenders within our borders.

But it may be said, in discouragement of the undertaking, that the City of Wheeling possesses no large Public Charity from which to gather important clinical reports for the edification of our readers; and that even taking the whole State, the number of private practitioners who have shown a willingness to trust themselves to ink and paper, is comparatively small, all of which, unfortunately, is true; but there are high and low places of labor to be occupied by medical journals in the large domain of medical science, and it is usually through the local and humbler mediums that competent, industrious observers

are first discovered and encouraged to more finished works in authorship. In other words, the local journals may be called the *common schools* of medical literary training, from which are constantly furnished active contributors to the more influential and really first-class journals, published in several of our large commercial cities, which are truly representative in the largest and best sense of the term.

The daily newspapers of a small inland city are not less useful to the community in which they are published because they manifest less editorial ability than the New York *Times*, the *Herald*, the *Tribune*, the *World*, etc., and, in point of influence, are so far overshadowed by these great lights of the American press. Just so with local medical journals. They may fall far short of the excellence and extensive influence of the journals published in New York, Boston, Philadelphia and several other large American cities, which, because of the concentration of learning at those centres, and the superior advantages for clinical study there presented, are constantly well supplied with the newest discoveries and most valuable truths in scientific and practical medicine, yet they—the local journals—are useful nevertheless; useful not only at home by stimulating the profession to active effort and elevating its tone of morality, but useful also to the profession at large, by assisting to establish a higher and more uniform standard of attainments.

The City of Wheeling is favored with a goodly number of hard-working physicians and surgeons, gentlemen of excellent literary and professional culture, whose experience is well worth publishing; and these constitute but a small portion of the really competent observers who are on active duty in all sections of the state. Will they all do credit to themselves, and to the medical profession of West Virginia, by sending to us, for publication, facts from their experience?

We very well understand the causes which prevent frequent and large contributions being made by country practitioners. The busy doctor who travels 10 or 20 miles every day over the country on horseback, visiting his patients, when night comes, if even then spar-

ed from new calls, is not usually in good condition to collect his thoughts and prepare a paper for a Medical Journal. Such unremitting labor is not at all conducive to habits of literary composition, and thus impressed he doubts his ability to communicate information that might interest his professional brethren. But no man is so busy in practice, either in country or city, that he cannot find time to make a brief daily record of his most important cases; and a little method would furnish, now and then, the leisure hours favorable for the writing out of a complete history of his observations and experiences occurring in the sick-room, which, when published, can scarcely fail to be useful.

Elegance of style and the show of much learning, are not necessary to attract the attention of readers whose good opinion is worth having. A plain statement of facts is all that is necessary,—not speculations and fancies, nor an ostentatious display of authorities of doubtful bearing on the subject to be presented.

Such are our aims—such the embarrassments in the management of local medical journals; and the *Medical Student* being the first attempt at medical journalism in West Virginia, we ask for it not only a welcome at home, but from the profession at large.

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The Health of Wheeling—Sanitary Progress, Etc.—The city of Wheeling never enjoyed a greater exemption from sickness than at present, and but for the regular supply of obstetric cases which is kept up during all seasons—in times of good health and bad health, in panic as well as flush times—the sight of a Doctor's carriage on the streets would be "few and far between."

The topography of Wheeling is singularly fortunate. With but few exceptions, the surface drainage is excellent, and after every heavy rain—and we have had many such in the last several months—the city is thoroughly cleansed; and that is the reason, no doubt, of the general healthfulness of the people at all seasons—not the extent of Sanitary improvements in the way of good sewerage, the number of well-paved streets, etc.

Indeed, it has only been within the past ten years that the Municipal authorities have paid a decent respect to health laws, and been convinced of the necessity of electing a competent physician to enforce them. Prior to the time mentioned the City Fathers did not recognize the necessity of a *permanent* Health Officer, and only made provision for the election, at the same time other city officers were voted for, of a Sanitary Committee or Board of Health, consisting of one member from each ward—not a physician, but any white male citizen, of lawful age, whom the majority of voters thought proper to elect. The Board of Health thus constituted had authority to "order and direct the vaccination of all persons within this city who may not have been vaccinated;" and it was also "their duty to appoint one or more Physicians, for each ward to carry the same into effect;" and the said Board was authorized to "fix and ascertain the fee payable to each Physician for each case of vaccination."

In times of danger from smallpox, or Asiatic cholera, the 25th, section of that old ordinance gave the Board of Health "authority, at the expense of the city, to employ one or more Physicians, as consulting Physicians, to attend their meetings, and give advice in relation to the measures proper to be adopted, to promote and preserve the health of the city," but "any order or appointment made by the Board may be recinded or annulled by council," which power to recind or annul was, on several occasions, exercised to the chagrin of the Board of Health, and greatly to the damage of the physicians whose services were thus employed.

The next step in advance was an Ordinance for the creation and appointment of a temporary officer to be called the Health Officer of Wheeling and for other purposes," passed the 2nd of March, 1866. This ordinance gave the Health Officer "all the powers and authority which were given to or conferred upon the sanitary committee or Board of Health," and fixed "for his services, a compensation at the rate of fifteen-hundred dollars per annum." This ordinance was put into effect by the election of Dr. Richard Blum, a regularly educated physician, as health officer; and so well did he perform his duties that the council dispensed with his services before the summer ended—his term of office having lasted not quite six months. But the vacancy in the Health Office made by this action of council, did not have the effect with the public of undervaluing the impor-

tance of Dr. Blum's services. From the time he entered upon his official duties, it may justly be claimed, there has been a steady growth of public sentiment in favor of the enforcement of sanitary police.

Dr. Blum's successor, elected in the spring of 1868, was the late Dr. Henry J. Weisel, a well-educated, honorable young physician, who also shared a brief term of office because of the faithful performance of his official duties.

The next progressive step, taken by a newly elected council, in 1869, was the passage of an ordinance "For the creation and election of a *permanent* Health Officer." This new ordinance was drafted by a Wheeling physician, and required that "the Health Officer shall be, at the time of his election, a regularly educated practicing physician in the city." His salary was fixed by council at $800, per annum. Since the passage of this ordinance the services of a health officer have been found so necessary in protecting the public health at all seasons of the year, that the city council would now no more think of interrupting the office than they would any other arm of the municipal government.

In January, 1870, the council unanimously voted the sum of $150, for the publication of a report made by the Health Officer, on "THE PHYSICAL AND MEDICAL TOPOGRAPHY, INCLUDING VITAL, MANUFACTURING AND OTHER STATISTICS OF THE CITY OF WHEELING"—a pamphlet of 50 pages, and which, we believe, was the first sanitary document ever published by order of the city council. Fifteen-hundred copies of that report were circulated in the different wards, with a view of encouraging larger public attention to the importance of preventive medicine, and the reasonableness of enforcing health-laws in every community.

One year later, or in 1871, another publication made its appearance, "THE HEALTH AND WEALTH of the City of Wheeling"—a volume of 150 pages, published entirely at the health officer's expense. In that enlarged report many sanitary defects were more particularly pointed out, and the council earnestly invoked to remedy them. Among the serious defects complained of was the imperfect Record of Deaths. That has now been changed, and we have an almost faultless form of Death Certificate. The necessity of a smallpox hospital was another grave item in the bill of complaints. Since then a building has been erected which is amply sufficient to answer the want of the city for the next ten years.

These and many other changes and improvements have been made by successive councils, and we trust the good work will go bravely on. The present Health Officer—Dr. Jepson—has shown himself admirably fitted for the position he occupies, and it should be the pleasure of the council to carry out in a liberal manner all of his suggestions for improving the sanitary condition of the city.

There are many improvements yet to be made which will require large expenditures of money—for the paving of streets and alleys, the construction of sewers, new water-works, etc.—before Wheeling can boast of her sanitary defences.

We are glad to notice in all directions of the State a rapid growth of public sentiment in favor of the enactment of health laws, and sincerely trust that Gov. John J. Jacob, in his next message to the Legislature soon to convene in this city, which is now the Capitol of the State, will represent the intelligent demand for the establishment of a State Board of Health.

No jurist questions the right and duty of governments to make and enforce laws for preventing and exterminating pestilential diseases, and to secure to all peoples and classes not only as long a life as nature would give, but likewise as healthy and happy a life as possible. In the last five years there has been a general awakening in every State of the Union on the subject of public hygiene. State Boards of Health have multiplied; the American Public Health Association has been organized, and is now wielding an immense influence for good; the demand for sanitary literature has wonderfully increased, as shown by the substantial support given to several new periodicals devoted exclusively to the advocacy of Preventive Medicine. Among these Dr. Bell's *Sanitarian* occupies deservedly a very high place in professional esteem, and we should be glad to know his Journal was read by every physician in the land, for its objects rank among the most important matters now discussed by the highest intellects and humanest hearts in every civilized country.

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Professional Advertising.—In order to assist our friends of the Wheeling press, in bearing the burden of gratuitous professional advertising—which is so frequently imposed upon them in the form of local notices—we propose to make a regular record in these

pages of all medical and surgical exploits, reported for their columns, which couple the name of the physician or surgeon, in "good standing," with such performances.

If John Smith has been so unfortunate as to have the *index finger* of his right hand caught and badly crushed in the machinery of one of the nail-mills of Wheeling, why the necessity of telling that Dr. Sly "skilfully dressed the wound, and left the patient doing as well as could be expected"? Would not the local item be just as interesting reading at the breakfast-table, and equally acceptable to the enterprising editor, without giving the name of the doctor?

The fact is, the wilful trespass in that way frequently committed, in every city and large town, on the good nature of local editors and the pockets of newspaper publishers, is simply outrageous, and deserves the severest condemnation. All such covert worming before the public is entirely beneath the dignity of the regular profession and does great injustice to the acknowledged charlatan, who is compelled to pay, at advertising rates, for every line of his self-puffs.

It may and does happen, now and then, that a physician's or surgeon's name is thus paraded before the public without his knowledge or permisson; but in the majority of instances, in which doctor's name appears in connection with notices of *mashed fingers*, *broken noses*, etc., we cannot help thinking there has been some cunning employed.

We know some Wheeling physicians and surgeons, in largest practice, who very rarely see their names connected with reports of accidents to their patients; and it is well known by their neighbors that they neither seek nor desire such unprofessional notoriety. Indeed, some of them have gone so far as to request local editors not to use their names in such connection.

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To Subscribers.—According to the terms announced in the Prospectus of the Medical Student, it is expected that subscribers will remit promptly, "on receipt of the first number," the price of subscription. It will be seen that we have been compelled to give 36 pages instead of 32 as promised in the prospectus.

# CORRESPONDENCE.

PHILADELPHIA,
Sept. 24th, 1875.

To the Editor of The Medical Student.

DEAR DOCTOR:

As you are aware, we are all in a Centennial mood. Hence the "Medico's are no exception and suffer accordingly. We have organized the Centennial Medical Commission" to prepare for an International Medical Congress, to be held early in September, 1876. This Commission has been organized by electing Prof. Samuel D. Gross, M. D., L. L. D., D. C. L. Oxon., as its President; Drs. Alfred Stillé and Ruschenberger, as Vice Presidents. Every effort is being made to prepare for a large and represenative gathering not only from our own country, but also from abroad. It is proposed to have a number of Sections which shall hold their sessions in the afternoons, for the reading and discussion of papers on the important medical topics of the day.

A number of prominent men have been selected to read addresses, and invitations are to be sent over the water to the brethren there to come and talk to us. As the affair becomes fully ready, I hope to send you the particulars and a circular which they propose to issue. The profession here, seem quite full of it and anticipate the most complete success.

Our schools are just commencing the winter's work, and already the classes are quite full. We have but two. The Old University of Pennsylvania and the Jefferson Medical College. The former has just got into its new and magnificent building in West Philadelphia, while the latter still holds on in 10th St. above Walnut. It was expected that the Jefferson would have broken ground for a new building this fall, but as yet nothing has been done. The alumni have raised a large sum of money and I hope to see their ALMA MATER benefitted thereby.

I see the diploma selling still lingers, much to the disgrace of our law makers, etc. These diplomas are offered by a bogus concern, styling itself the "University of Philadelphia," a name so like that of our old time-honored school that even in our own midst, it serves to deceive many.

We have had a law passed to protect the profession, but it is practically worthless and no one thinks of enforcing it. Our legislators are a queer set of beings. At the recent session of our legislature, there were several regular physicians present as members of both Houses, and

much was expected of them. They failed however, to give us a State Board of Health, which is an urgent need, and almost succeeded in passing an Act to license prostitution.

The general health of Philadelphia is excellent. We have no epidemic, and considering our population the weekly mortality is extremely low.

Should I find time, I hope some day to give you a more valuable account of our doings,

Yours,

PHILOS.

## REVIEWS, BOOK AND PAMPHLET NOTICES.

### CIRCULAR NO. 8.

WE have been favored from the Surgeon-General's office with a copy of CIRCULAR No. 8.—A Report on the Hygiene of the United States Army.

In no other department of the Government service is there so much intelligent, good, honest hard work performed—and under such poor pay—as is done habitually by Army Surgeons, especially those in the Surgeon-General's office. We congratulate Surgeon-General Barnes on his good fortune in having about him at Washington, such excellent workers as Assistant Surgeons J. S. Billings and J. J. Woodward. With these industrious and accomplished, gentleman at Head-Quarters, the Surgeon-General may safely trust the security of the good name he has won for his office in the esteem of his professional brethren, military and civil, and confidently expect to receive their sincere thanks for every offering he shall make them.

The volume before us—containing 564 pages quarto, beautifully printed, and with maps, plates and wood-cuts—is made up of reports from the medical staff of the Army upon the Special Hygiene of 238 military posts scattered over the country from Alaska to Florida. "The Medical Statistics and the meteorological tables for each post have been compiled under the direction of Assistant Surgeon J. J. Woodward, and, taken together, covering, as they do, the period of four years for the majority of posts, furnish valuable indications for the medical geography of this country."

Besides the labor of arranging the Reports in their proper order for publication, Dr. Billings has furnished 59 pages of interesting comments "on the subjects which are related to the health and comfort of the soldier in the following order:

I. Habitations, including barracks, quarters, and guard-houses, with their appendages.

II. The Food of the Army, and its preparation.

III. The Clothing of the Army.

IV. The Hospitals and Medical supplies."

These comments are eminently wise and just, and should receive the immediate attention of Congress. The amount of money annually appropriated for providing quarters for officers and men, has been found shamefully inadequate even to supply that which is the natural right of every human being—a sufficient amount of fresh air. In the language of Dr. Billings "every man should have his sixty square feet of floor space as much as his ration." From a table presented in his comments, Dr. Billings thinks the hygienic conditions under which troops are placed, cost the Government, annually, not less than 100 by death and 200 by discharge. This is, indeed a terrible showing; and we trust the members of Congress from West Virginia will take due notice thereof and govern themselves accordingly.

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A Guide to the Practical Examination of the Urine, for the Use of Physicians and Students. By James Tyson, M. D., Hospital Lecturer on Pathological Anatomy in the University of Pennsylvania; one of the Physicians and Pathologist to the Philadelphia Hospital, etc., etc. Pp. 182. Lindsay & Blakiston, Philadelphia, 1875.

This is, indeed, a valuable little book, and to those of our readers who have not already supplied themselves with a copy of the work, we say get it at once for it is really worth many times its price.

Dr. Tyson in his presentation of the subject has occupied the happy middle-ground between the smaller works of Flint and Legg on the one hand, and the larger productions of Beale, Roberts, Harley, etc., on the other, and given to the profession a safe and truly practical guide for the complete examination of Urine, embracing the modes of approximative and exact quantitative analysis, so com-

monly employed in the German laboratories, but never before the appearance of this volume published in English.

The work opens with a brief recital of the theory of renal secretion; then follow in order, Reagents and Apparatus required for qualitative and approximate analysis; General Physical and Chemical Characters of the Urine; the study of the Different constituents of Urine in Health and Disease; Urinary Deposits—unorganized sediments, and organized deposits; Differential Diagnosis of Renal Diseases; and lastly, How to determine the composition of Urinary Calculi, with mode of recording an examination.

Under these several headings is found all the truth which has been discovered in this fruitful branch of scientific medicine. The short chapter on differential diagnosis of renal diseases, embracing, of course, a description of the forms of albumenuria, will probably be deemed by the majority of readers, the most useful pages in the book.

The illustrations number about thirty wood-cuts, original and selected, and one very accurate lithographic plate exhibiting the usual appearances of the so-called "pigment-flakes," "cells" or "scales" described by Frerichs, of Berlin, as occurring in blood,—a pit-fall into which Dr. William Roberts, of Manchester, England, has stumbled, and along with him also several others scarcely less distinguished in the profession. These "pigment-cells" have been discovered by Dr. Tyson and Dr. Joseph G. Richardson, to be simply dirt-pits upon the glass slides—"merely this and nothing more."

Messrs. Lindsay and Blakiston, the publishers, have done well their part. The paper, press-work, and binding are of first quality, and taken altogether, it is one of the most practically useful and beautiful little books which has ever come into our hands.

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THE BREATH AND THE DISEASES WHICH GIVE IT A FETED ODOR. BY JOHN W. HOWE, M. D., New York. D. Appleton & Co., 1874.

This is a very readable little book on a disagreeable subject. We know some people who should learn it by heart, if by so doing they could improve the odor of their breath, and thus save their intimate friends and acquaintances from being frequently compelled to endure an unmitigated nuisance. It is a neat and attractive little volume, and, no doubt, will meet with ready sale.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA, DURING THE YEARS 1874 and 1875.

This handsome volume of Transactions containing 187 pages, does credit to the profession in California. It is printed on fine tinted paper, and, besides several wood-cuts, contains six splendidly executed Lithographic plates. These plates accompany the Report of the Committee on Surgery, by Dr. Toland, of San Francisco, and represent Cheiloplastic and Rhinoplastic operations successfully performed for cancer, syphilitic ulcer, etc.

The Annual Address, by First Vice-President Dr. A. B. Nixon, is a manly, straightforward paper, and we cannot help expressing our sincere gratitude on finding at last, an inaugural Speech in which the names of Hippocrates, Celsus, and Galen have not once been mentioned. These brilliant old lights in Medicine have nearly been snuffed out by Presidents of State Medical Societies. Instead of dealing with antiquity, Dr. Nixon has found sufficient *to-day-food* to make his address interesting to his brethren.

He says "California is now passing through a transition stage of existence. It is fast losing the character of a new frontier country, and rapidly assuming the modes of old settled communities." In San Francisco "all types of diseases, modified by different nationalities and climates, may be witnessed and studied." "But there is one thing in regard to San Francisco" which is the subject of profound regret—"that is the intemperance of the place." There "is one saloon, or corner grocery, where ardent spirits are retailed by the glass, to about every seventy of the city's entire population," and the record "throughout the entire state is no better—perhaps not so good." Dr. Nixon concludes his remarks on intemperance as follows—"In the midst of the most luxurious and pleasure-loving and pleasure-seeking communities we witness this morbid thirst for stimulants everywhere combatted by powerful antagonistic forces, embracing a love for humanity, a lofty inspiration for the noble and the good, also that innate desire of all self-protection. These forces will continue to operate, and so sure as good will in time overcome evil, so sure will intemperance in the coming time be banished from the land," The Reports of the Committees on Practical Medicine, Surgery, Obstetrics, Medical Topography and Endemic Diseases, State Medicine and Public Hygiene in California, all contain many

valuable suggestions. In the Report on State Medicine, etc., Dr. Thomas M. Logan, chairman, and Secretary of the State Board of Health, has presented a bill which is to be submitted to the next Legislature, "looking to the prevention of the practice of Medicine and Surgery by unqualified persons." It is almost "*fac simile* of an Act" which has recently become a law in the State of Nevada.*

Besides the reports of Standing Committees, the volume contains many volunteer papers, some of them of sterling value. We wish we had space to give in this connection, Dr. Henry Gibbons paper "On Qualifications and Testimonials of Professional Character."

Concerning the *status* of the California profession, he says it "has greatly improved and advanced through associated action. It is really in a more prosperous condition than ever before. The professional mind has been vitalized, and we have the proof in the flood of papers and communications which have poured in upon the last two sessions of the State Society. We notice in proof of the prosperous condition of the Society's exchequer that there is a balance on hand of over $800.

The volume closes with Memorial Leaves, with suitable inscriptions in token of respect to deceased members.

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THE LEGITIMATE INFLUENCE OF EPILEPSY UPON CRIMINAL RESPONSIBILITY. BY MEREDITH CLYMER, M. D., (Univ. Penn.), President of the New York Society of Neurology and Electrology, etc. etc. 8vo. pp. 25. New York, 1874.

We thank the distinguished author for this pamphlet copy of his address, read by invitation before the Medico-Legal Society of New York, on Epilepsy and Responsibility.

The truths here stated and forcibly illustrated by cases, should be familiar to Judges and courts of law. We believe the time is not far distant when an enlightened civilization and a larger humanity will compel the criminal codes of to-day to be rewritten and made more strictly in accordance with simple justice—in other words, that the extent of punishment should be according to the measure of mental and moral responsibility of the transgressor.

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*In view of the effort which will be made with the Legislature of West Va. at its next session to secure the passage of a similar law, we present on a supplemental page a copy of the California Bill.

## ACKNOWLEDGMENTS.

The following publications have been received, and shall have early notice.

1.—The Cholera Epidemic of 1873 in the United States. (From Dr. J. S. Billings, Assistant Surgeon, U. S. Army.)

2.—Transactions of the Medical and Chirurgical Faculty of Maryland, Seventy-seventh Annual Session, held at Baltimore, April, 1875.

3.—Transactions of the Medical Society of the State of West Virginia, together with the Constitution and By-Laws.

4.—Report of the Joint Standing Committee on Health to the City Council of Baltimore, in reference to Wharves and Docks, and a system of General Sewerage. Also in reference to Public Baths. (From Dr. Chas. W. Chancellor, of the First Branch of council.)

5.—Contribution to the Medical History and Physical Geography of Maryland. By Joseph M. Toner, M. D., Washington, D. C.

☞ The American Public Health Association will convene in Baltimore, Tuesday, November 9, 1875, in accordance with the adjournment of the previous Annual Meeting.

## OBITUARY.

Dr. Thomas B. Edmiston was born in Weston, December 1845, where he resided until his decease, which occurred after a short illness, from gastritis, at 7½ o'clock p. m., Monday, Sept. 13th, 1875.

He was the eldest son of Judge Mathew and Minerva Edmiston. In early life he received all the advantages of education, and after finishing his literary courses, he chose Medicine for a profession and graduated at Bellevue Medical College, N. Y., March 1868.

In April 1871, he was united in marriage with Miss Mary Arnold, eldest daughter of Hon. W. E. Arnold, of Weston.

After he graduated, he returned to his native town and entered into practice. His ability as a physician was soon recognized, and, with his popular manner and fine physique, he soon became popular as a physician and as a man—enjoying the enviable reputation of the People's Favorite.

In his death the community has sustained the great loss of a good and high-minded physician; his fond parents a loving child; a devoted wife her fondest hopes; two little prattlers a doting Father; and by those who knew him best, the good name of our Brother will long be cherished with the sweetest remembrance. C.

# SUPPLEMENT.

## AN ACT

FOR THE BETTER PROTECTION OF THE SANITARY INTERESTS OF THE PEOPLE AGAINST FRAUD AND IMPOSTURE IN THE PRACTICE OF MEDICINE AND SURGERY.

*The People of the State of California, represented in Senate and Assembly, do enact as follows:*

SECTION 1. No person shall practice medicine and surgery in this State, who has not received a medical education and a diploma, from some regularly chartered medical school having a bona fide existence at the time of giving said diploma; or who shall not have obtained a license to practice medicine and surgery from a State Medical Society, or a State Board of Medical Examiners, duly authorized by law to grant such license when the same was given; or who shall not have received a certificate of qualification, to practice medicine and surgery from the State Board of Health of this State, as provided in Sec. 4 of this Act.

SECTION 2. Every physician or surgeon, when about to take up his residence in this State, or who now resides here, shall file for record with the County Recorder of the county in which he is about to practice his profession, or where he now practices it, a copy of his diploma or license (at the same time exhibiting the originals), or a certificate from the Dean of the Medical School of which he is a graduate, certifying to his graduation.

SECTION 3. Every physician and surgeon, when filing a copy of his diploma or license, as required by Section 2 of this Act, shall be identified as the person named in the papers about to be filed, either by the affidavit of two citizens of the county, or by his affidavit, taken before a Notary Public or a Commissioner of Deeds for this State, which affidavits shall be filed in the office of the County Recorder.

SECTION 4. Every person who shall hereafter practice medicine or surgery in this State, unless such person be authorized to practice by a license or diploma from some chartered school, State Medical Society, or State Board of Medical Examiners, shall obtain, and is hereby required and directed to obtain a certificate from the State Board of Health, which Board is hereby authorized and empowered to issue a certificate to the effect that they have examined and do find the persons named in such certificate, and to whom the same shall be issued, qualified to practice all the branches of the medical art, if such be the fact; and the person to whom such certificate, license or diploma may be granted, shall, before he shall practice medicine or surgery in this State, cause such certificate, license or diploma, to be recorded in the office of the Clerk of each county in which such person shall from time to time reside. And the Clerks of the several counties of this State shall procure and keep suitable books, in which they shall record such certificates, tested as aforesaid, and such license or diploma, whenever presented to be recorded, upon the payment to them of the same fees as required to be paid for recording conveyances of real estate; and shall index, in alphabetical order, the name of the person to whom such certificate, license or diploma shall be granted—noting therein, opposite to the name indexed, the book and page where such certificate, license or diploma is recorded, the date of the instrument and of the recording of the same.

SECTION 5. Any person practicing medicine or surgery in this State without complying with Sections one, two, three, and four of this Act, shall be guilty of a misdemeanor, and upon conviction shall be punished by a fine of not less than ($50) fifty dollars, nor more than ($500) five

hundred dollars, or by imprisonment in the county jail for a period of not less than (30) thirty days, nor more than (365) three hundred and sixty-five days, or by both fine and imprisonment for each and every offense; and any person filing, or attempting to file, as his own, the diploma or certificate of graduation of another, or a forged affidavit of identification, shall be guilty of a felony, and upon conviction shall be subject to such fine and imprisonment as is made and provided by the statutes of this State for said offense.

SECTION 6. It shall be the duty of the Police, Sheriff or any Constable to arrest all persons practicing medicine or surgery in this State who have not complied with the provisions of this Act, and the officer making the arrest shall be entitled to (½) half of the fine collected.

SECTION 7. No portion of this Act shall be so construed as to prevent gratuitous efforts to afford medical or surgical aid and relief in cases of emergency or accident; or to prohibit parents or persons acting in loco parentum, from administering medicine or remedies to members of their own families.

SECTION 8. This Act shall take effect and be in force from and after its passage and approval,


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DECEMBER, 1875.

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# MEDICAL STUDENT:

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Vol. 1. WHEELING, DECEMBER, 1875. No. 2.

## Original Communications.

### Art. 1.—TRACHEOTOMY IN DIPHTHERIA,

By J. H. POOLEY, M. D.,

Professor of Surgery in Starling Medical College, Columbus, Ohio.

I AM indebted for the notes of the following case, except description of the operation, to Dr. G. M. White, of this city, who had charge of the patient.

"Edward F.—aged eight years and five months, returned from school at noon Friday, October 1st, 1875, complaining sorely of pain on the left side of his neck, immediately below the ear; chilled for two hours. The chill was followed by an exceedingly high fever. Pulse 160, temperature not taken, but the heat of the skin was far in excess of the most violent case of Scarlatina I ever saw; very little swelling on the left side of the neck. Left tonsil slightly enlarged; complained of severe pain in swallowing even fluids. Pharynx, soft palate, and tonsils, of a bright scarlet color—very fiery in appearance. Violent pain in the head, and burning sensation in the

throat. No perceptible deposit. Ordered opiates, diaphoretics, and a gargle of solution of chlorate of potash in warm elm water.

*Saturday Morning.*—Rested well during the night. No complaint of pain, skin moist, pulse 120 soft and weak, tongue coated. There is a thin fibrinous deposit on the tonsils and posterior part of the soft palate. Ordered Tinct. Ferri Chloridi *m.* v, every three hours; Quinia Sulph. j gr., every three hours; gargle continued. Passed the day and night comfortably.

*Sunday*, *Monday* and *Tuesday*, he improved each day, asked for and took food, and rested well. The indications all were that he was convalescing. The fibrinous deposit on the tonsils and soft palate had thickened a little and changed from a fine white to a buff color. Pulse continued at 120, full and moderately strong, breathing regular and easy. Up to *Wednesday* noon, there were no indications that the larynx was involved; during the afternoon however the voice became a little hoarse, and the cough sharp and ringing—*Croupy*. Pulse increased to 140, lungs free. During the latter part of the night the patient was restless and suffered a little difficulty of breathing.

*Thursday Morning* breathing became easy, and the pulse fell to 120, but rather feeble. Exhibited stimulants and nourishment freely. Patient comfortable all day and continued so until midnight. The air of the room was kept moist with the vapor of warm water; hot applications were applied to the throat and chest; and nauseants, alkalies and stimulants were given freely.

At midnight, Thursday, the breathing became very labored and continued so until Friday morning, when for a short time it became easy after coughing up some shreds of membrane. About 9 A. M., Friday, the breathing again became very labored, and swallowing performed with difficulty; pulse 120; apparently there existed no obstruction below the larynx."

I first saw this child about 1 P. M., on Friday, October 8th, one week from the beginning of its illness. He was lying on his back, with the head retracted, in a soporose condition approaching coma, with intervals of extreme restlessness. He was breathing with difficulty, and with noisy, croupous inspiration; considerable movement of the larynx and top of the sternum in respiration; he was pale, and slightly bluish about the finger nails. Pulse 120, full and of good resistance. Auscultation afforded no clear and reliable evi-

dence as to the condition of the lungs. Upon consultation with Dr. White and Dr. Loving, tracheotomy was decided upon, as the child would evidently die very soon as he was, and the operation offered him the only remaining chance, slight indeed as we all realized it to be. This was fully stated to the parents and they desired the operation should be performed. I accordingly operated. The child was laid upon a table of convenient height, and his head well thrown back by a firm roll of old cloth placed between the shoulders. Chloroform was administered, and the preliminary part of the operation was almost bloodless. After dividing the skin and superficial fascia there were a few fibres at the top of the wound which it seemed desirable to divide more completely, before doing this I plainly saw a large vein crossing the upper angle of the wound and filling itself with each inspiration. This I ought to have had thoroughly drawn out of the way, but neglected to do so, feeling sure that I could avoid touching it with the knife. By some movement of the child, or of the larynx, or otherwise it got in the way at the critical moment and was cut through. A terrible gush of blood followed, and before this was fully restrained, I opened the trachea; another gush of blood followed, pouring directly into the trachea. The child ceased to breathe, and for a few moments we all thought he was dead. I instantly applied my mouth to the wound and sucked several large mouthfuls of blood and mucous out of the trachea, while the other gentlemen kept up artificial respiration, and in a minute or two after these resorts we had the satisfaction of seeing the breathing re-established and feeling the pulse once more at the wrist.

This accident shows the necessity of the utmost care in drawing out of the way any veins that may make their appearance in this operation. The tube was now introduced, not without difficulty, showing that the trachea itself was very fully occupied by the false membrane. The conclusion of the case I give in the words of Dr. White. "Respiration comparatively easy for one hour after the operation, when it again became difficult from extension probably of the diphtheritic exudation. Patient took stimulants freely, but rapidly grew worse, and died at 7,45 P. M."

I have not reported this case because it is specially interesting or important in itself, but that I might make it a text or peg, on which to hang a few remarks on the subject of tracheotomy in diphtheritic laryngitis, an operation which I find is regarded with general disfavor, and even in some quarters bitterly opposed by the profession here.

It is my intention to make this paper mainly an appeal to authority on the subject. And here I am met with a difficulty in the very beginning, for many authors make a distinction between what they call true membranous croup, and diphtheritic croup, and their distinctions are so arbitrary, uncertain and ambiguous, that it is by no means easy always to tell which or what they are talking about. I myself believe that the two diseases, so-called, are one and the same thing; differing only in minor and unessential particulars, if at all. We read of epidemic croup—what is that but diphtheria? And then again, we have sporadic cases of diphtheria, when, if by chance the exudation appears mainly in the larynx or trachea, we must call it, according to some, croup and not diphtheria. This I confess seems to me a kind of scientific thimble rigging, "now you see it, and now you don't."

Epidemics of diphtheria, or croup, call it which you will, differ markedly in the number of cases in which the air passages are involved, and also in the severity of what may be called the toxic phenomena of the disease,—the constitutional symptoms.

Hillier says, (Diseases of Children, p. 141), "I can detect no difference between membranous croup and laryngeal diphtheria." Dr. Jacobi, of New York, whom I regard as the best authority on the subject, says that there is no conceivable ground for the distinction; and in an article in the American Journal of Obstetrics, for Feb. 1875, uses the following language: "Thus, if Anatomy and Physiology mean anything, I hope the vexed question of "croup" or "diphtheria" in the larynx will be considered as settled." Other authors who still hold to this old distinction without a difference, are evidently struggling hard with doubts, and we cannot help thinking

that the time will soon come when the essential unity of the two will be generally acknowledged.

But be this as it may, it has only a subsidiary importance for our present object, for as Holmes aptly says, (Surgical Diseases of Children) "It seems to me that, for surgical purposes, it will be better to consider the diseases which are spoken of as "croup," "diphtheritic croup," and "diphtheria," under a single aspect." And those voluminous authors, Meigs and Pepper, though they have a long article under each title, evidently recognize the fact that whatever force the distinction may otherwise have, it has none as bearing upon the question of operation, for they refer their readers for *indications* for its performance in diphtheria to the article croup. Indeed, why there should be any distinction made here is hard to say, for whenever tracheotomy is undertaken in either, it has but a single and simple intent—to avert impending death from suffocation. It may be contra indicated by intense poisoning of the system which renders death almost certain even if the asphyxia be relieved, though all authorities, as we shall presently see, are not of this opinion. I have heard it said that it should not be performed in laryngeal diphtheria, for the false membrane is sure to spread to the trachea or even the bronchi, but this is evidently assuming for an individual case what no one can possibly know, besides it is not true, abundant experience having proved that no such invariable, or even perhaps general rule, can be established. And even if such a rule were proven it would not contraindicate the operation, for many cases have recovered after tracheotomy where such was undoubtedly the case. Dr. Jacobi was the first in this country to draw attention particularly to this subject, which he did in a most able paper published in the first number of the American Journal of Obstetrics, May, 1868. In this paper he gives the statistics of New York operations—213 in number with 50 cures, or 23½ per cent. What I have seen of the operation, though very little comparatively, is fully as favorable as this. Meigs and Pepper give the Philadelphia operations—28 with 6 cures, or 21,4 per cent.

The whole number of operations in all parts of the world up to the date of his paper was according to Jacobi, 1024 with 220 recoveries, or 21,48 per cent. Now when we consider that of these recoveries very few would probably have taken place without it, and that the operation itself involves very little danger to life, and furthermore that when it fails to save life it makes death less terrible if not to the patient, at least to the friends, it seems to me we have said enough, and the question might well be considered as settled without further words. Indeed, I do not hesitate to endorse the statement of Hillier, who says,—"When it is remembered that nearly every case in which tracheotomy is resorted to would certainly die if left to itself, if a much smaller proportion than one in four, even one in fifty, could be saved, the operation would be justifiable."

This same author says elsewhere—"To avert death by asphyxia, when other measures fail, or if death is imminent, recourse is to be had to tracheotomy. I would recommend this operation whenever there is decided and persistent distress from want of air, with laryngeal respiration, and increasing recession of the chest-walls and not of the neck in inspiration, if it is not relieved by an emetic. It is not well to wait until lividity sets in; at the same time, however near death the patient may appear to be, if laryngeal obstruction is the probable cause, the operation is to be recommended, with the understanding that the case is a desperate one which cannot be made worse by an operation, and that there is the remotest chance of success from an operation."

Meigs and Pepper recommend the operation except in case of profound general diphtheritic infection, where the danger of the child depends upon the constitutional disease, even more than upon the laryngeal obstruction. But even under this most unfavorable of all conditions many experienced operators still defend tracheotomy. Jacobi asserts that whenever the indication of suffocative dyspnœa, steadily increasing, and not relieved by emetics exists he would operate despite any complications, general diphtheria or anything else, and uses this positive language: "Seeing a person suspended by the

neck and being strangled, we should hardly investigate the propriety of cutting the rope from the point of view that the sufferer might be or is affected at the same time with tuberculosis, cancer, or diabetes." In his latest publication on the subject,—"Contributions to the Pathology and Therapeutics of Diphtheria," (Am. Jour. Obstetrics, Feb. 1875,) Dr. Jacobi says that although his success with the operation has not continued to the same extent as when he wrote his first article, he still advocates it. These are his words: "Since 1868 I have saved but a small per centage of suffocating children, and still I cannot but stand by my former indications for the operation. It must not be omitted when obstruction in the larynx threatens to be the cause of death by suffocation. No complication of disease or epidemic influence ought to be a contra indication."

Just here we need to remember, as I have already stated, that epidemics of diphtheria, as of all other epidemic diseases, vary so widely that we need constantly to take heed lest we allow the want of success of any plan of treatment in a given epidemic to dictate our general judgment as to its advisability. Steiner ("Compendium of Children's Diseases") advocates the operation, and says, "The prognosis is dismal, a fatal result being almost the rule, for in tracheotomy alone there seems to be any chance of recovery. In the Children's Hospital at Prague 34,6 per cent of the affected children have been saved by the operation." He gives the following indications for its performance: "The emetics must be repeated on the recurrence of any suffocative attack as long as they seem to afford any relief. As the emetics lose their affect the indications of threatening asphyxia become more and more apparent and the necessity for tracheotomy is established." Lawson Tait, Steiner's translator, endorses the measure. As is well known, Trousseau, Bretonneau, and the French writers generally, advocate the operation.

Not to multiply needlessly references and quotations, we may fairly say that the drift of authority is more or less in favor of the operation, and I can only add my own opinion formed independently of authority, and held long before I had put it in practice, that no child

ought to be allowed to die of laryngeal obstruction, from diphtheria, or any other cause, without tracheotomy, which even if it does not save life, lessens the terrors and distress of death by progressive strangulation. I have heard parents, who had lost children after the operation, say "if I had another child similarly affected and *knew* that it also would die after the operation, I should still insist on its being performed." Surely, the patient is entitled to every chance of life that the physician can give.

## Art. 2.—CHRONIC NASAL CATARRH.

**By W. H. SHARP, M. D., Volcano, W. Va.**

AMONG the catarrhal affections of the respiratory tract, there is none more common than that affecting the mucous membrane of the nose; yet from its being one entailing more discomfort and inconvenience than danger, it is very frequently not attended to and let run its course. If the acute affection ends in speedy recovery, well and good; but if it assumes a chronic form, it is too often neglected until it becomes deeply seated, and almost incurable.

Chronic coryza and ozena, are favorite topics for the dissertations of travelling charlatans, who claim especial skill in its treatment. In our larger cities there are skilled specialists who have made diseases of the throat and air passages a special study; yet the general practitioner is often compelled to undertake the treatment of these cases even if not skilled in the use of the rhinoscope. In the last few years, the use of this instrument has thrown much light upon the pathology of these affections, and with various improved means of treatment, such as the nasal *douche*, has much simplified and made successful their management.

Chronic coryza or chronic nasal catarrh, is a chronic inflammation of the schneiderian membrane, usually accompanied with a hypertrophied thickening of that membrane, especially where it covers the turbinated bones. Sometimes that over the septum and alæ is

in a similar condition. Occasionally we find protrusions of the mucous membrane, due either to this hypertrophy, or to an enlargement of the mucous glands caused by a retention of secretion from closure of the duct.

The symptoms are a frequent, sometimes permanent obstruction of the nasal passages, with a discharge either mucous, or muco-purulent in character, which escapes as well by the posterior as the anterior nares. This obstruction varies from one side to the other; is worse in damp than in dry weather, also more troublesome in the early morning and night, especially in this region of country, owing to the damp an chilly condition of the atmosphere. The nostril affected frequently becomes wholly impervious to air, and relief does not come until a free discharge of mucous takes place.

Cohen attributes this swelling to the absorption of moisture from the atmosphere by the relaxed membrane, but I think it more likely is due to œdema, the result of the congestion of the membrane at the point where it most frequently occurs, ie., the inferior turbinated bones, there being a permanent constriction or narrowing of the passage due to sub-mucous infiltration. By changing the position, when lying down, from one side to the other so as to bring the affected nostril highest, it will generally disappear to reappear in the other nostril.

The discharge is generally free from odor, and the membrane free from ulceration. In scrofulous subjects the disease may be chronic from the start; or it may be due to long continued irritation, the result of frequently recurring attacks of acute coryza, the membrane never returning to a natural condition before a fresh attack occurs. The discharge from the posterior nares may cause inflammation of the pharynx, or the disease may extend by continuity of surface. In children of a scrofulous diathesis we will generally find it associated with enlarged tonsils, chronic pharyngitis and very often some deafness resulting from catarrh of the middle ear.

The following case is a fair example of this condition. S. H—, female, aged 12 years, of fair complexion, light hair; had been trou-

bled for some time with a constant discharge from the nose. At the same time it was noticed that her hearing was dull, and it was also observed that her voice was very hoarse. On examination with a nasal speculum, I found the membrane inflamed and thickened; the tonsils were much hypertrophied and the pharynx inflamed.

The first thing done was to excise the tonsils; after this, treated the pharyngitis with solution of nitrate of silver. Then washing out the nostrils with tepid water by means of a posterior nasal syringe, applied a solution of sulph. zinc to the inflamed membrane, twice a day. Internally, gave Syr. Ferri Iodid. Under this treatment the symptoms rapidly disappeared, and with their disappearance her hearing improved.

Sometimes this condition appears shortly after birth, dependent either upon a scrofulous or syphilitic taint. In infants, the local treatment is a more difficult matter, as we cannot use effectively washes, etc.; but instead of these we must employ small syringes, or camel's hair pencils in the use of solutions and salves. In these cases the alimentation of the infant is interfered with; the child cannot sleep well, and there is great danger from these difficulties. In a case lately treated by me, the disease began a few days after birth. Washing out the nostrils with tepid water, by means of an ordinary syringe, afforded relief, but on account of the scrofulous character of the case gave cod-liver oil and Syr. Ferri Iodid, and injected a solution of iodine, containing five drops of the compound tincture to two ounces of water. Under this treatment, persevered in for two months, the child recovered.

If the discharge becomes offensive, whether profuse or scanty, the disease is then known as ozena—there being several different pathological conditions included by this name. We may have ozena in cases without ulceration, as well as with ulceration depending upon scrofula, syphilis, or lupus. In the first class, the disease may be the sequel of an ordinary coryza, or start from the beginning a chronic disease; or again it may be the sequel of one or the other of the acute exanthemata, most commonly scarlatina. For example, the

following case: H. H—, aged 10 years, of strumous diathesis, had been subject to occasional attacks of acute coryza. In the winter of 1874, his mother noticed a constant discharge of an offensive odor from his nose, especially from his right nostril. After cleansing the passages with simple salt-water, no ulcerations could be seen on careful examination with the speculum. The membrane covering the septum and inferior turbinated bones, was much congested and thickened; and the tonsils were somewhat enlarged.

The treatment employed in this case consisted in the daily use of the nasal *douche*, using a tepid solution of chloride of sodium j℥ to aqua distil j℔. This was followed by a solution of permanganate of potass, of the strength of xxxij grs. to aqua distil j℥, one fluid drachm of which was added to a pint of tepid water. The use of this wash acted promptly in abating the odor, but did not check the discharge. There was then substituted for this wash, another composed of comp. tinct. iodine v gtt. to the pint of tepid water. At same time, gave internally Syr. Ferri Iodid. In addition, every second or third day, applied by means of a camel's hair pencil, a solution containing equal parts of tinct. iodine and glycerine, to all parts of the membrane within reach. By perseverance in this course for several weeks the disease appeared to be cured; but a subsequent attack of acute coryza was followed by a return of former trouble. The resumption however, of the same treatment, effected a permanent cure.

In cases where there is ulceration, the discharge is at times mucopurulent or purulent. The odor of the breath becomes permanently affected; the discharge is inspissated, and collects at the posterior nares, shaping itself to the form of the opening, and dislodged and discharged by the efforts of the patient. In such cases we find points of ulceration, generally seated upon the exposed portion of the turbinated bones, or the alæ, but they may and often are seated in those parts which are not visible. The membrane is often swollen and hypertrophied, and if the disease is of long standing the ulceration may involve the sub-mucous tissue, or still further, the bones

become necrosed. If the bones are involved the odor is exceedingly offensive, and the presence of the patient is hardly to be endured. In one case that came under my notice, a girl 15 years of age, in which the palatal portion of the superior maxillary and the inferior turbinated bones were necrosed, the stench was so intolerable that it was with difficulty that the necessary examination could be made, and treatment employed. Indeed, one could hardly remain in the room for some time even after she had left it. This case was probably syphilitic, engrafted on a scrofulous diathesis. If such cases are syphilitic, or scrofulous, the distinction can usually be made by discovering the presence of these diseases elsewhere.

There is another class of cases in which there is but a slight discharge, but there occur collections of inspissated mucous in the posterior passages, which are discharged by strong inspiratory efforts through the nostrils. The crusts thus discharged are of an offensive odor, probably from decomposition.

This condition may continue for a long time, the discharge being constantly increased by attacks of coryza. Cohen, in his work on "Diseases of the Throat," describing these cases, says that "there will usually be found points of ulceration of the mucous membrane, sometimes superficial, at others deep seated; the membrane is thickened, very red and sometimes very sensitive to the touch. If of long standing the cartilages and bones will be attacked, sinuses formed and the nose much deformed. This condition occurs in those of a strumous diathesis, and is more prevalent about the period of second dentition, although it may appear at any time.

There is still another class of cases in which there is no evidence of any diathetic taint. The tissues appear to be healthy, and there are no ulcerations present. The secretions become dry, collect in the nasal passages and undergo decomposition. This discharge may be but slight in quantity, yet it dries into crusts which are very offensive, and are dislodged with difficulty."

Prior to the introduction in practice of the nasal *douche*, the treatment of these cases was by means of direct injections, and the application of ointments, and medicated powders. Now, in addition to douche, we have the posterior nasal syringe, and various apparatus for the inhalation of medicated vapors and sprays. The first is of universal application, as it requires no particular skill, neither an assistant; and were it not that there is some danger of the fluid en-

tering the eustachian tube, this means would be perfect. The posterior nasal syringe is free from this objection, but requires a second person to use it; and further, it does not hold sufficient fluid to be of much use, hence it is necessary to repeatedly withdraw and reintroduce it. Besides there is another objection. If the piston works with difficulty the nozzle of the syringe is apt to be pushed against the walls of the pharynx, or pulled against the soft palate, causing an effort to vomit. To obviate these objections, I suggest that by attaching a long nozzle, curved near its end and perforated by several openings, either to the tube employed in the nasal *douche*, or to a soft rubber ball syringe, we can obtain a constant stream from the nose, from behind forward, care being taken to keep the nozzle from impinging upon the walls of the pharynx.

In the report on Laryngology, in the *New York Medical Journal*, for Oct. 1875, is an abstract of a paper on the treatment of ozena, by M. Tillot, of Paris, in which he recommends the use of an atomizer in making applications to the schneiderian membrane. This is, I believe, a new mode of application, and may be of real benefit. There are several methods of the application of vapors—the simplest is by the inhaler of Dr. Buttles. The patient inhales through an apparatus in the chamber of which, is a sponge containing the medicine in solution. Another plan, recommended by Dr. Edward C. Mann, of N. Y., is as follows: take a hard rubber cylinder, one end of which is so shaped as to fit the nostril; the other is introduced into the tube of a hand atomizer. In this tube is placed a sponge containing the medicine in solution, generally iodine; a current of air is then forced into the nostril by working the bulb. This I have extemporized by attaching the barrel of a small hard-rubber syringe to the hand atomizer (such as is used for local anæsthesia), and found it of value. For disinfection we can use several of the agents of that class, as a solution of chlorinated soda, carbolic acid, permanganate of potassa, and hydrate of chloral. I have found the permanganate of potassa, 32 grs. to the ounce of water, one of the best. Of this solution, add a tea-spoonful to a pint of warm water.

M. Crequay, in the report above mentioned, calls attention to the chloral hydrate as a disinfectant in cases of ozena, where other agents have failed. The solution used is hydrate chloral, 30 grs., distilled water 7½ ounces; of this, add one ounce to one pint and a half of water.

As a detergent, a solution of common salt is the best—the strength of a tea-spoonful of salt to a pint of tepid water, this to precede the use of other washes. Salt-water has also been recommended for increasing the density of the discharges, and causing less irritation than warm water alone. Thudicum recommends phosphate of soda, and phosphates of soda and ammonia, as substitutes for the chloride of sodium. Cohen uses as substitutes a solution of the carbonate and bi-carbonate of soda. Of astringents, we may employ sulphate or chloride of zinc, acetate of lead, tannin, alum, or sulphate of copper. The zinc, copper, and alum will yield the best results in practice.

As alteratives, we may give iodine, nitrate of silver, chlorate of potassa, and bi-chloride of mercury.

In some cases a snuff composed of pulv. cubebs and sulph. zinc is of value; also a powder recommended by Dr. Mann, of equal parts of camphor and white sugar. This latter is said to relieve irritation, and control the desire to sneeze.

Various ointments are of minor importance. Should the membrane just within the anterior nares become irritated, ulcered or fissured, I have found the comp. ung. resinæ (U. S. P,) either in full strength or diluted, of most value. To hasten the absorption of the thickened membrane over the inferior turbinated bones, Cohen advises the use of laminaria or sponge tents which are to be retained in the nostril for an hour or so at a time. If the membrane is much relaxed, the resulting projections should be twisted off by forceps, or encircled with a fine wire loop and thus removed, afterwards cauterizing the cut or raw surfaces with nitrate of silver.

I have not employed either of the last named procedures, but mention them, on good authority, as being sometimes very necessary. The more chronic the case the greater the necessity for patience and perseverance on the part of both physician and patient.

# SELECTIONS.

## Treatment of acute Bright's disease.

By Prof. James Tyson, M. D.

First, as to the treatment of the acute form. There is no doubt that many cases recover while the conditions of rest, quietude, and warmth are maintained. And it is further certain that, whatever other means of treatment are used, these three conditions are absolutely necessary to recovery. A patient with acute Bright's disease, therefore, whatever its mode of origin, should be put to bed, kept quiet, and warmly covered. I should seldom, however, be satisfied with this mode of treatment alone. The selection of other remedies will depend somewhat upon the severity of the case. If the urine be suppressed, dry cups, or even wet cups, to the loins will so divert the blood as to permit a relief to the stagnation which always exists in the acutely inflamed kidney. These cups should always be followed by a warm, moist poultice to the same region, which, indeed, should be used under any circumstances, whether the cupping is necessary or not. I am in the habit, therefore, of always resorting to poultices, and, if the symptoms are at all severe, —that is, where there is complete or almost total suppression of urine, nausea, headache, or delirium,—of preceding them by cupping. Although at first thought it would seem that the kidneys are quite remote from the seat whence the blood is immediately removed, it must be remembered that we are relieving the blood-pressure in the lumbar arteries which come off from the aorta near the renal arteries, and thus divert the blood from the latter. Under all ordinary circumstances dry-cupping is sufficient; wet-cupping should be reserved for the most extreme symptoms, where the strength of the patient has not been previously reduced. Some care must, however, be exercised in the use of dry-cupping, lest we defeat its end. The object of dry-cupping, as justly observed by Dr. G. Johnson, is to facilitate the movement of the blood through the capillaries into the veins,—to draw the blood rapidly through the part, and thus relieve the pressure of the blood in the renals. To do this, the cups must be removed as soon as there is a decided redness, and placed on another part in the vicinity. By allowing them to remain too long, the blood is stagnated in the capillaries, its onward movement

prevented, and there is, therefore, no derivation of blood from the involved organ.

The above means have for their object the direct relief of the congestion of the kidney. This is not the only indication while the kidney is congested. The congestion, in some instances, is altogether due to an excess of work thrown upon it in consequence of suppressed or deficient action of the skin, and in all cases the carrying out of the natural function of the organ tends to increase any existing congestion. Can the kidney be in any way relieved of this functional irritation? Is there any organ which, in other words, can supplement the kidney? Such an organ is the skin. A second indication, therefore, is to excite the action of the skin. And in fulfilling this lies the advantage already referred to from the maintenance of warmth and avoidance of cold early insisted upon. But we are not confined to these protecting measures. The skin may be made to do the work of the kidney itself, and thus one of the most alarming dangers of Bright's disease, uræmic intoxication, averted, while at the same time the congestion of the kidney is also relieved.

The class of remedies which produce this action are diaphoretics; and, of the internal remedies, none is better than the ordinary sweet spirit of nitre, especially if it be combined with small doses of ipecacuanha. But a more effectual and certain method of accomplishing the same end is by warm baths, or, better still, by the so-called warm or "cold pack," in which the patient is wrapped in a wet sheet and then enveloped in a sufficient number of blankets. Perspiration is thus copiously induced, and when thus caused is agreeable, and never attended by the faintness which sometimes follows the use of the hot-air bath,—another means of accomplishing the same end, which will be further considered under the treatment of chronic Bright's disease. In an ordinary severe case of acute Bright's disease, a single pack of this kind will remove all symptoms which may cause anxiety, and happily inaugurate the convalescence, while it may be repeated daily, if necessary.

We may resort to purgatives to the same double end, that of relief of congestion and a complemental action of secretion, and to a certain extent these should always be employed. But the reason for which I primarily employ a purgative is less for either of these objects than for one which I deem even more essential, and that is to promote the action of other remedies, a purpose which applies not

only to the treatment of Bright's disease, but also to all diseases. It is a well-known fact in the absorption of fluids, which is borne out by the phenomena of osmosis, that this does not take place rapidly when the blood-vessels are congested and there is a slowly-moving current.

The beautiful experiment of Magendie, which consisted in injecting into the peritoneal cavity a colored fluid, which at first was not appreciably absorbed, but which, on opening a blood-vessel, disappeared rapidly before his eyes, is sufficiently to the point in illustration. The treatment of any case of acute Bright's disease is therefore well commenced by the use of a cathartic, and after its effect the prompt action of other remedies may be looked for. Indeed, it is quite useless to administer diuretic remedies before some action is obtained from the bowels, as they will be many hours in producing their effects; whereas after such influence they will be as many minutes. Beyond this end I am not in the habit of giving purgatives in ordinary cases of acute Bright's disease. But there is a condition in which the eliminative action already referred to is often of signal service, and that is the one of uræmic coma and convulsions. Under these circumstances, when the patient cannot be made to swallow, and decided and prompt effect is desired, a couple of drops of croton oil on the tongue have many times saved life by inducing prompt and decided purgation.

Nothing has been yet said of the use of diuretics, which are, perhaps, the first means thought of by most practitioners in the treatment of Bright's disease, acute or chronic, and, no doubt, in many cases they deserve an early consideration. Yet the propriety of their use has been much disputed, and at first thought there would seem to be legitimate objection to them in the treatment of acute nephritis, for with the idea of increased secretion of urine is generally associated that of an increased flow of blood to the kidney. And the question naturally arises, Shall a kidney already congested and inflamed be further jeopardized by crowding more blood into it? On the other hand, it is well known that convalescence in a case of acute Bright's disease which has been left to recover without treatment is always ushered in by a most copious diuresis. This is usually explained by the fact that urea itself is a decided diuretic, as may be shown be injecting it into the blood-vessels of any animal,—an operation which is followed by copious diuresis. In the early stages

of Bright's disease the urea and other organic constituents are retained in the blood, and when the circulation through the kidney becomes free, they exert their diuretic action. It will be observed, however, that this takes place only after the circulation becomes free, and it must be looked upon, therefore, not so much as a cause as a result of an improvement in the condition of the organ. Nevertheless, to facilitate such a condition of affairs as copious secretion of urine, and with it the elimination of those effete matters the accumulation of which constitutes the chief danger of Bright's disease,—uræmia,—can only be considered desirable if it can be done without exciting congestion of the kidney. The secret in the proper use of diuretics lies in the selection of such as effect their object without producing a congestion; and such there are. To understand this properly, it must be recalled that the secretion of urine is largely a process of filtration, a process of squeezing out the water and dissolved elements by pressure from behind, and that this is accomplished in the Malpighian bodies by the agency of the arterial pressure and the force of contraction of the heart. It must be remembered that there are two sides to the renal capillary circulation, an *arterial* side and a *venous* side. The first consists in the afferent arteriole and the capillary ball contained in the dilated end of the convoluted tubule and forming with the latter the Malpighian body; the second, of the capillary net-work formed by the splitting up of the efferent vessel after it leaves the Malpighian capsule and closely embraces the convoluted tubules. The area of this is great, and the movement of the blood slow. As a consequence, a condition favorable to increasing the blood-pressure in the Malpighian body exists. Such pressure is obtained by increasing the force of the heart's contraction, or increasing the arterial pressure by the introduction of fluids within the blood-vessels. The effect of this is to produce a more rapid filtration; that is, more water is squeezed out from the blood-vessels into the Malpighian capsules, whence it is carried downward in the tubules. Now, whatever remedies increase the force of the heart's action or the arterial pressure by absorption of fluids will increase the amount of water thus filtered out. Such remedies are digitalis, the salines, and diluent drinks generally,—digitalis by increasing the force of the heart's action, the salines and diluents by increasing blood-pressure through their absorption. Digitalis is certainly the diuretic most to be relied upon, and when combined with

the salines, freely diluted, affords a powerful lever for good. It is necessary, however, to have a reliable preparation, and unless one is sure of the quality of the tincture it is best to use a freshly-prepared infusion. At the same time it is also true that much smaller doses of the tincture are usually given than of the infusion. Thus, of the latter, f℥ss is often administered, equivalent to three and three-quarter grains, while eight minims or sixteen drops of the tincture, equivalent to one grain of the powder, are considered a full dose, a discrepancy which must account for at least a portion of the diminished effect of the tincture. Digitalis should therefore be given in sufficient quantity,—f℥i of the infusion to children, and f℥ss to adults,—repeated every three hours until an appreciable effect is produced on the rate of the pulse, when it should be diminished. Not until then can you look for a diuretic action. Digitalis, when thus administered, should, of course, be watched, and the patient should be seen twice a day until an effect is produced. Of the alkalies with which it may be combined, acetate of potassium and citrate of potassium are to be preferred. Their diuretic action doubtless depends upon the impetus they give to the osmosis of fluids which hold them in solution, thus increasing the arterial tension and contributing to the flushing of the kidney. Half a drachm of the potash should be given every two or three hours to adults, and ten grains to children. There can be no doubt that an increased filtration of water into the Malpighian capsules aids the separation of the organic constituents in the second capillary net-work referred to, both by facilitating osmosis on the principle of the more rapid current, and by washing out of the secreting cells of the convoluted tubules the organic matter already excreted by them.

By such means as these, after the unloading of the blood-vessels by the action of a purge, we may greatly serve our patient through diuretics. On the other hand, turpentine, cantharides, copaiba, and the class of diuretics which produce a congestion and stagnation of blood in the second or venous capillary net-work, are mischievous, and should not be employed.

It should not be omitted to mention that fomentations of a strong infusion of digitalis (℥i to a pint) applied to the abdomen or lumbar region are often efficient in producing diuresis when other means fail.

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## Hemorrhage during and after Utero-Gestation.

By M. M. Pallen, M. D.

The views of Dr. Barnes, quoted in my last communication, are based on true physiological principles, and ought to be well understood. In Germany, several physicians have contended for priority in such views, but there can be no doubt that Dr. Barnes has the honor of the priority, and the desire to deprive him of the honor shows the value of them. However, there is one case on record which shows that a divided portion of it may be given to a physician of St. Louis, Dr. R. E. Bland, now deceased. For this fact I am indebted to a paper read before the New York County Medical Society, June 18, 1875, by Montrose A. Pallen, Professor of Gynecology in the medical department of the University of New York. Dr. Pallen says, "the procedure was practiced in 1846 and promulgated in 1847 in the *Missouri Medical and Surgical Journal.*"

The case was one of almost complete placenta prævia in which a large quantity of blood was lost, but the hemorrhage was controlled by the pressure of his hand within upon the parietes of the uterus. "Effective labor pains," says Dr. Bland, "having now almost entirely ceased, and discovering that whenever the hand was withdrawn the hemorrhage returned with increased violence, I determined to turn and deliver by the feet." In order to accomplish this maneuvre, he first detached the adherent portion of the placenta, about the middle, the result of which, he continues to say, to my gratification and astonishment was the entire cessation of hemorrhage and consequent danger. I now pushed the part of the placenta that obstructed the progress of the head to the left side, and held it there with my fingers, to prevent its descent before the head. I paused a few moments to consider the course to be pursued. In the short time allowed for thought, I determined to prevent, if possible, the descent of the placenta before the head, and to sustain it until effective pains could be excited. To accomplish this, I gave thirty grains of ergot. In fifteen or twenty minutes I discovered considerable uterine action, which increased steadily, resulting in about half an hour in the birth of the child alive and vigorous. The hemorrhage came from the bleeding *mouths of the uterine vessels—not from the placenta.*"

Dr. Barnes first called the attention of the profession to his views in several numbers of the London *Lancet*, in 1847; then more extensively elaborated the subject in the Lettsonian Lectures in 1857, and finally perfected his views in 1870 and incorporated them in his work on obstetric operations.

From all the facts before me, I advise that the operations recommended by Dr. Barnes be adopted. When we have passed the pole of dangerous attachment, in all likelihood, the patient will be saved.

If the placenta be partial prævia, that is to say, it is latero-cervical, and there is not much loss of blood, but a continued loss or drainage, it is better to rupture the membrane according to the advice of Rigby. The rupture of the membranes will, in all probability, produce increased contraction of the womb, and the child will be more speedily delivered. I have performed this operation several times, and always to my satisfaction.

I now pass on to the treatment of hemorrhage after the delivery of the child, and before the delivery of the placenta. Usually after the delivery of the child, every one in the house, parents, husband and nurse, are rejoiced and believe all danger is over, and their anxiety then ceases—mine begins. The safe delivery of the secundines must be managed according to certain rules, now well taught by all good teachers. I have seen many alarming cases of hemorrhage after the delivery of the child, and before the placenta. But I may be permitted to add, I never lost but one case, and that was my fault—my fault it was, because I listened to others when I knew better and taught the very contrary of the practice adopted.

The lady was the wife of a prominent merchant in St. Louis; after the delivery of the child, who is now a prominent man in St. Louis, the placenta was retained, whether by irregular contraction of the womb, or because it was adherent, I do not know. I was young then, and had been lecturing about three sessions on midwifery in the St. Louis Medical College. Owing to the fact that it was retained, I asked for a consultation. An old gentleman, now dead, who had some reputation, was called in. He advised me to wait for the efforts of nature. This was in the morning, and he said he would see her in the afternoon again. About sunset I called for him, and we visited the lady, and the advice was to wait until the morning. I felt uneasy, and went for a friend and colleague of mine, also now deceased, and he advised to wait, but promised to

meet me there at 9 o'clock a. m. the next day. When we arrived the old gentleman was there endeavoring to get away the placenta. I ought to say that the lady lived only two houses east of mine. During the night an intelligent and well instructed nurse was with her, and she said she would come for me if anything out of the way occurred. When my colleague and I came in, he readily gave way, as he said he had another engagement. My colleague then endeavored to remove the placenta. It was too late. The lady fainted, and died from internal hemorrhage. From that day to this I have never called in any consultation in any case of midwifery. Wearied and fatigued, I have requested some one else to assist me; but nothing more. I have adopted the maxim of David Crocket, "Be sure you are right and then go ahead."

After the birth of the child and before the delivery of the placenta, hemorrhage may occur in three forms, in such large quantities as to run from the bed down upon the floor, or it may make a little pool of blood in the bed, or it may occur as internal hemorrhage. To this latter let me call the attention of the inexperienced. The female becomes pale; the skin cold and clammy; the pulse frequent and feeble; on examining the abdomen it is large and the womb not contracted, not hard, and about the size of the fœtal head; pressing on it, there will be a gush of blood from the vagina.

Suppose there is hemorrhage before the delivery of the placenta, what is the rule of action? Very easily expressed. Empty the womb at once and secure its contraction. If the hemorrhage be not very alarming, use frictions over the womb, or take towels saturated with cold water and dash them on the abdomen, one after another, rapidly. If this does not succeed, take a pitcher of water and pour the contents from an elevation of about three feet on the abdomen. This is a kind of rough baptism, and the uterus, to escape it, will creep into the pelvis, and by its contractions expel the placenta.

But if this do not succeed, or if the hemorrhage is large and no time can be lost, the placenta must be delivered by passing the hand into the womb and delivering it. Where the child has just passed out, the hand can easily pass in—once in, do not withdraw the hand until you bring with it the placenta, the whole placenta, and nothing but the placenta, so help you, science. This thing of passing the hand and brawn of the arm into the womb is a fearful affair. Beware of tearing the womb; beware of lacerating the womb, for

at that time it is large and thin and easily torn; but cautiously and tenderly you advance to the placenta, if merely retained, passing the stricture with care, if adherent, peeling it off, compress the womb at the bleeding vessels, thus arresting the hemorrhage by the pressure and inducing the uterus to contract and expel your hand (an unwelcome intruder) and placenta together.

The loss of blood may have been so great that an additional loss of an ounce or so may seal her fate forever. I have sat by such cases for as long as four hours, never withdrawing my hand from over the uterus, never until the skin was less pale and the pulse fuller and less frequent and the temperature of the body higher. It is well then to give ergot, precede its exhibition by a stimulant and give it in half drachm doses of the fluid extract, or in doses of five or ten grains of ergotine.

The report of several cases have been published by Dr. Shaw in the August number of this journal, of the value of electricity in such cases. The difficulty is, one may not have the battery at hand, but if one is to be obtained, send for it and try it.

But hemorrhage may occur after the safe delivery of the placenta —in two hours—after two days. What then? Towels saturated with cold water, dashed rapidly on the abdomen, the uterine douche and Faradization, if you have the battery.

What of transfusion in such cases? Dr. Blundell was eloquent in its advocacy. Practically, I know nothing about it; its use is not by any means sustained by the profession at large. Many physicians and accoucheurs of high character oppose it for various reasons. I have not the space allotted me to quote them. The question is by no means settled, and it will take time to settle it.

Again, what of injecting a solution of the perchloride of iron or of the persulphate of iron into the uterus? Dr. Barnes and others of high authority are decidedly in favor of them. Dr. Trask and others are opposed to them. Dupierris, a physician of Havana, published in the *North American Review*, Jan. 1857, the successful issue, in three cases, of the tincture of iodine in checking post-partum hemorrhage. Dr. M. A. Pallen, in the paper before referred to, is in favor of trying first, the tincture of iodine, and that failing, to resort to the iron treatment.

Dr. Shaw, in the paper published in the August number of this journal, speaks favorably of the compression of the aorta as a means of controlling post partum hemorrhage. Its expediency has been

acknowledged by high authority: Saxlorph, Siebold, Baudelocque, and Sentin, and others. Cazeaux advocated it strongly. Dr. M. A. Pallen says: "Unless compression of the aorta is made above the origin of the utero-ovarian arteries, hemorrhage will not be controlled; the hypogastrics, of course, can send no blood to the lower segment and cervix, but the anastomoses are so free and abundant, that the utero-ovarian vessels keep up the supply from above. The most serious objections to aortic compression consist in the inability of the accoucheur to continue the operation, unassisted and unaided, sufficiently long to be of much avail, and in women of much adipose tissue in the abdominal walls, the procedure is hardly practicable. That it may be a precious resource no one will deny, and it might be tried in conjunction with other methods."

*St. Louis Clinical Record.*

## Hypodermic Injections of Ergotin in Hæmoptysis.

Dr. William Pepper, in his "Address in Medicine" before the Medical Society of the State of Pennsylvania, at the session held at Pottsville, last June, says,—"In my own experience, I have been led to regard ergot as almost, if not altogether, the most reliable astringent in such cases, although, of course, it fails at times, and some other styptic is found to succeed better. There are also manifest reasons which render it preferable to use ergot hypodermically in this condition, and which, therefore, render this mode of treatment of considerable importance. In corroboration of the powerful hæmostatic effect of ergotin injected hypodermically I would refer to an interesting case of very serious purpura hemorrhagica in a boy of seven years, successfully treated by Dr. Minich, of Philadelphia (*Phila. Med. Times*, May 8, 1875, p. 502), in this manner. And, finally, I would add that in certain forms of congestive neuralgia, hypodermic injections of ergotin over the course of the affected nerve, or near its point of emergence, have produced prompt and lasting relief. The solutions referred to have been used of very different strength. That which I have found most useful is of the so-called ergotin, in the proportion of about ninety-six grains to f℥i of distilled water, of which *m*x, xx, or xxx may be given, representing ij, iv, or vi grains of ergotin, according to circumstances. The injections are painful for a brief time, but have very rarely caused any suppuration in my own practice."

# CORRESPONDENCE.

PHILADELPHIA,
Nov. 11th, 1875.

**To the Editor of The Medical Student.**

DEAR DOCTOR,—The appearance of No. 1 of the MEDICAL STUDENT, gave great satisfaction to all who were favored with a sight of it, and your friends here hope for a favorable result of your enterprise.

Our medical schools are now in full blast, and the faces of the professors are bright as they welcome the large numbers of students that assemble in the class-rooms. In this respect at least, the hard times do not seem to have affected us, as the classes are a decided improvement on last year.

We have here abundant opportunity for students to learn, as our specialists have taken possession of nearly every hospital and dispensary, for the purpose of clinical teaching, though it cannot always be said that the best men are selected for these positions. Push and political influence are beginning to show their effects, and this much to the disgust not only of the profession at large, but also of the managers of these institutions. In fact, on more than one occasion, sundry members of certain boards have loudly expressed their contempt at the style of men who have bored them for appointments.

Some medicos are known as powerful in application, being ready to fill any and every vacancy that may occur in any medical staff.

We are now in the full tide of preparation for the three medical societies which are to meet here in 1876. First, the State Medical Society of Pennsylvania convenes the last of May, next comes the American Med. Assoc'n, the first week in June, and finally, the International Med. Congress will assemble during the first week of September. It is calculated that at the first, probably 300 to 500 will be present; this will be a large number, as we believe this Society never yet exceeded 200 present.

The American Med. Assoc'n, it is believed, will attract a vast throng from the whole country, and the men of Philadelphia are indulging in big figures, from 1500 all the way to 2500. As the largest number present at any session of this body would not reach half the first number, you can understand that this will be a monster meeting.

For the International Congress, more reasonable figures are spoken of, say 500 or less. I had hoped ere this to secure for you a circular for this session, but the Committee of Arrangements are very reticent and have

suppressed the original circular, and promise a new one so soon as something definite is arrived at, I will give you all the points. You may rest assured that no effort will be spared to make all these sessions in every way successful, and to fully entertain all the guests that may present themselves. The session of the American Med. Assoc'n in 1872 in this city, was very satisfactory to every one, and I have been informed that the coming one shall be equally so. Therefore, tell the gentlemen who are delegated, to come without fear.

The subject of accommodation is one that seems to occupy much attention, and for which the fullest preparations are being made. New hotels of all kinds and descriptions are rapidly going up, and as we have 150.000 houses at least, and it is thought that each of these will admit at least one or two guests, we believe there will be no difficulty.

By means of a branch of the Centennial Commission, the city has been fully canvassed, and thus far, a great majority of householders have promised to throw open to lodgers, one or more rooms. Our guests will thus be provided with lodging, and they can readily procure meals in any style they prefer, either directly at the Centennial grounds, or at any of the numerous eating-houses scattered over the city.

At present we have nearly a score of places in the heart of the city, known as "Coffee Houses" where a cup of excellent coffee and a buttered roll are sold for five cents. For 25 cents, a substantial meal is given. These places are clean and neat, with plenty of attendants, and are rapidly becoming a pleasant attraction to all classes.

With a beautiful city like ours, if we could secure a respectable, honest body of men to govern it, and properly use the vast amounts paid in to the Tax Receivers, we should soon attract a vast addition to our citizenship. But, I fear when you and the rest of our guests come here, you will be disgusted at the imbecility or something worse by which we are governed.

Our streets straight and of a good width, are rarely paved to equal the poorest country road. Even Broad St., the finest avenue in the world, just paved with Belgian blocks at an enormous cost, is already breaking up into furrows showing very little for our skill as street makers.

In addition to this, this avenue and Market St. at their intersection have been blocked up by a large pile to be known, NEXT CENTENNIAL 1976, as the Public Buildings. Before this was done, these two streets were the pride of our city, now, both are hopelessly obstructed, and carriages passing either way are compelled to make a wide detour, and that too over a series of excavations partially filled up. Many of us hope to see a new order of things, and some day, after many millions have been wasted, the huge mockery will be cleared away, and the two streets once more restored to their proper condition.

Of course, the citizens feel deeply this disgrace, and many will endeavor by every means to keep our guests from visiting this locality.

We have here, a very pleasant series of entertainments known as Medical Clubs, of which I hope to obtain a full account, and some day show your readers how we treat each other.

Yours,

PHILOS.

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**To the Editor of The Medical Student.**

DEAR SIR,—On page 18 of the Transactions of the Medical Society of the State of West Virginia, for the present year, I find the following resolutions which were offered by Dr. Jepson, and adopted—to wit:

"RESOLVED, That Dr. R. P. Davis, Dr. Robert W. Hazlett, Dr. G. Baird, and Dr. M. S. Hall, be appointed a Committee to present the accompanying plan of a bill to establish a State Board of Health, to the Legislature of the State, at its next session, and to employ all proper means to secure the passage of the bill.

RESOLVED, That a Committee consisting of one Physician from each county in the State be appointed by the President of this Society, in consultation with the above named Committee, whose duty it will be to use all influence with the members of the Legislature from their respective counties, to secure the passage of the bill.

RESOLVED, That Dr. Davis, Chairman of the Committee, be authorized to have two hundred copies of this bill printed for distribution to the County Committees, the members of the Legislature, and such other persons as may be able to exert an influence in favor of its passage."

I have searched, in vain, the pages of the Transactions for "the accompanying plan of a bill"—unless by these words is meant what follows in the second and third resolutions. And yet it is difficult to see how the language of these resolutions can be construed as embodying any "plan of a bill."

I have heard nothing of a "County Committee" having been appointed by the President of the society; neither have I seen any of the "two hundred copies of this bill printed for distribution to the County Committees, the members of the Legislature" (now in session), and such other persons as may be able to exert an influence in favor of its passage."

A few weeks since I received, in common, I presume, with every other member of the State Medical Society, the following Postal Card circular:

Parkersburg, W. Va. Oct. 15th, 1875.

DEAR DOCTOR,—As chairman of the Committee on "State Board of Health," appointed at the last meeting, at Point Pleasant, (and desirous

of the success of the measure) I respectfully request that you will immediately advise with the Delegates of your county, to further the resolutions of Dr. Jepson. See Transactions of 1875, page 18.

Very Respectfully,

Rezin P. Davis.

The circular of Dr. Davis, so far as I can see, fails to throw any light upon the present chaotic state of the subject. I myself, among others, would like to know what that is which we are called upon "to further?"

In your editorial review of the Transactions of the Medical Society of the State of California, you allude to the bill which it is proposed by that society shall be passed by the State Legislature at its next session, and which you publish in the supplement to the MED. STUDENT. In that review the following foot-note occurs: "In view of the effort which will be made with the Legislature of West Virginia, at its next session, to secure the passage of a similar law, we present on a supplemental page a copy of the California Bill."

If under the name of a "State Board of Health" the resolutions of Dr. Jepson contemplate the enactment of a law similar to the California Bill, it will, I conceive, be found that a majority of the members of our State Medical Society will oppose rather than "further" such a movement. If such a movement is on foot, it is due the profession of the state that they should be informed of the fact. This proposition to restrict the Practice of Medicine by law has already been before the State Medical Society and there defeated. It is hoped the friends of the measure will not endeavor to accomplish by strategy what they have failed to do by fair discussion.

INQUIRER.

[The editorial referred to by "INQUIRER" was in type before we knew the State Medical Society had taken action on the subject of a State Board of Health, and the *foot-note* was made in order to accommodate the earnest request of a member of the Special Committee appointed under Dr. Jepson's resolutions, that the California Bill should appear in our pages as a guide somewhat for the Committee. Since then the volume of Transactions has been published, and it is plainly to be seen that our friend, the Committeeman referred to, was mistaken as to the spirit of Dr. Jepson's resolutions.

We regret indeed that the influence of the Committee has not yet been felt by the Legislature. The Chairman, Dr. Davis, will probably be able to "rise to explain" why Dr. Hall has been compelled to work almost alone in the matter. ED.]

HARRISVILLE, W. VA.,

November, 1875.

**To the Editor of The Medical Student.**

DEAR DOCTOR,—The first No. of the MEDICAL STUDENT is on my table, and I give it a hearty welcome as the harbinger of better times for the profession in West Virginia.

Several months before I heard of your enterprise, I expressed the belief to some of my medical friends that a home Journal was very much needed to bring the profession in the different sections of the State into closer relationship and more harmonious and effective working order. I do not doubt that your Journal will afford the necessary medium of home communication, and accomplish besides much good to the profession generally.

Its brevity, by some, may be an objection, but time and a liberal patronage will remove this. The truly first-class original matter which you have furnished in the first number, fully deserves the fine paper and beautiful typography in which the work is presented. I therefore bespeak for the MEDICAL STUDENT a liberal patronage—not upon the ground of your own individual success, but for the good of the profession in the State, and our neighbors "just over the border." I trust, indeed, that every physician within the bounds of West Virginia, will become its patron. Put me down for two copies.

With the sincerest wishes for your success,

Yours, truly,

M. S. HALL.

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## HOW A GREAT SURGEON DOES HIS LITERARY WORK,

**And exemplifies the maxim that "The chief glory of every people arises from its authors."**

Prof. S. D. Gross, in his "History of American Medical Literature from 1776 to the present"—a genuine labor of love-offering which "may, perchance, serve as a connecting link between the glorious Past and what a hundred years hence will undoubtedly be a grand and brilliant Present"—says:

To the question so often asked me, how I have been able to write so much, my answer invariably has been, because I have labored systematically while other men were asleep, smoking their cigar, lounging about the house, or spending the evenings in amusement. A vast amount of this work has been done in my carriage, in the daily rounds among my patients, not in actual writing, but in arranging and digesting my material, which, after reaching my office, I seized the earliest moment to commit to paper. In this manner a man may perform a large amount of literary labor in the twenty-four hours. The brain of a busy man is never idle. I have worked out many a sentence in my sleep.

# EDITORIAL.

## STATE BOARD OF HEALTH.

THE Legislature is now in session in this city, and among a great number of Bills already on the Calendar is one, entitled "House Bill, No. 116," to establish a State Board of Health.

This Bill was presented at the last session of the Legislature in Charleston, by Dr. M. S. Hall, the delegate from Ritchie County, and has now been ordered to a second reading. What will be its fate remains to be seen. As it now reads, all after the 1st Section is an exact copy of the Massachusetts Act establishing a State Board of Health, and we should like it much better if it were, from beginning to end, a correct copy. The first section of the proposed bill for West Virginia reads as follows:

*Be it enacted by the Legislature of West Virginia*:

The governor with the advice and recommendation of the West Virginia State Medical Society, shall appoint three physicians who are graduates of some recognized medical school, either of the United States or of some foreign country and who have practiced medicine for at least fifteen consecutive years. These three persons so appointed shall be known and constitute the state board of health and vital statistics. The persons so appointed shall be one from each congressional district, and shall hold their offices for three years: provided, that the terms of office of the three first appointed shall be so arranged that the term of one shall expire each year, and the vacancies so created, as well as all vacancies occurring otherwise, shall be filled by the governor temporarily until the annual meeting of the State Medical Society of West Virginia, in June.

We have heard that a motion will be made on its next reading in the house to strike out the words "with the advice and recommendation of the West Virginia State Medical Society," thus placing the whole matter entirely in the hands of the Governor. Such a change would take away the only safeguard against professional incompetency, destroy the very life and spirit of the Bill, and degrade it to the level of a mere political reflex. The Governor of West Virginia is no doubt as wise, honest and capable as is usually seen of gubernatorial mortals; but a man may be a very great statesman and yet be

a very poor judge of the qualifications of a doctor. Is it not a familiar fact that all the odds and ends of Physic are endorsed by men occupying high political positions? Besides, in every community there may be found at least several self-sacrificing political Doctors, men who have been life-long Democrats or Republicans, and as a reward for their fealty to party are fully entitled to official distinction whenever the opportunity affords. No matter how small the office,—anything, from a petty clerkship up to the State Legislature, is acceptable to this class of mere hangers on to the skirts of the profession; for, in nine cases out of ten, they are failures as practitioners, and exactly fitted by their qualifications to occupy the tail end of the profession.

These politically *pliant* and represenative (?) physicians are always just exactly suited for the faithful discharge of all sorts of official duties and should the State Board of Health Bill pass "with the advice and recommendation of the West Virginia State Medical Society" stricken out, His Excellency, Governor Jacob, will have a difficult task to perform in hunting up and singling out from among this class in each Congressional District the right man for the place. Of course, those least qualified will come strongest recommended, and political favoritism will in all probability completely overshadow professional fitness, for the reason that it cannot be expected of the Governor that he shall be able to make the choice uninfluenced by the advice of his political friends. Hence the danger in the beginning, of starting out with an incompetent Board, and thereafter an annual supply of the same poor professional material.

We hope therefore the friends of State Medicine in both branches of the Legislature will resist the motion to strike out the only saving clause the Bill contains. Better, indeed, that it should not pass at all than to have an Act which would be of no value or credit to the state. Our only serious objection to the Bill as it now stands is the wholly unnecessary "fifteen years' consecutive" *practice*-qualification. There are many physicians in West Va. of but five years' experience in practice who would make better sanitarians than could be found

among twice their number of old and so-called experienced practitioners. The Massachusetts Act fixes no *experience qualification*, and it would be wise to follow its example,—also in this, that "any one may be re-appointed."

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THE BALTIMORE MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION.—The American Public Health Association held its fourth annual session at the Academy of Music, in Baltimore, November the 9th, 10th, 11th and 12th, and went entirely through the extensive Order of Business prepared for the occasion. That this Association has fairly earned the name of a *working* body, no one who is at all familiar with its labors can deny. Although only organized a little over four years ago, it is to-day wielding an influence which is quietly at work educating public sentiment in every state in the Union. The president, Dr. J. M. Toner, in his address, very truthfully remarked that more contributions to the literature of State Medicine had been made since the last meeting of the Association by American Sanitarians, than had been published in any preceding year, and he might have added that the volume of American Public Health Association Reports and Papers recently published, would do credit to any country.

When the fact is stated that the Order of Business, embraced the reading of 24 papers, a dozen or more addresses, and several discussions, some idea may be had of the character of the Baltimore meeting, and of the life and energy of the Association. The newly elected officers are,—President, Dr. E. M. Snow, Providence, Rhode Island; First Vice President, Dr. John H. Rauch, Chicago, Illinois; Second Vice President, Professor Francis A. Walker, LL. D., Professor of Political Economy, Yale College, New Haven, Connecticut; Treasurer, Dr. J. Foster Jenkins, Yonkers, New York.

Executive Committee: Hon. A. W. Boardman, President of the Board of Health, Boston; J. S. Billings, M. D., United States Army; Hon. L. H. Steiner, M. D., Frederick, Maryland; J. M. Woodworth, Supervising Surgeon United States Marine Hospital Service, Washington, D. C.; Dr. Ezra M. Hunt, Chairman of Health Commission, New Jersey; Jackson S. Schultz, New York.

There was no election of Secretary. Dr. Elisha Harris, of New York, was elected, two years ago, to serve three years. The next meeting will be held at Boston, November 1876.

NOTHING TO RECORD.—With unfeigned pleasure we record the fact that in all the years of our experience in Wheeling we have never known the local columns of the secular press of the city so free from professional advertisements, in the way of "Medical and Surgical exploits performed by physicians and surgeons in good standing," as during the past month. This is the way, gentlemen, it should be at all times.

We have heard that the subject of professional advertising came up not long since at a meeting of the WHEELING AND OHIO COUNTY MEDICAL SOCIETY, at which the *chief sinners* were pretty severely handled by Dr. William J. Bates. As one of the oldest members of the profession in Wheeling, it was entirely becoming in Dr. Bates to speak his mind freely on this matter. His display of moral courage on the occasion referred to deserves many, many thanks, and we trust he will "carry the war into Africa." In all such praiseworthy actions the friendship and warm support of the MEDICAL STUDENT may be confidently relied upon, for we are *a strict constructionist* of the National Code of Medical Ethics.

☞ The following "Local Personals" are given for what they are worth.

From the Daily INTELLIGENCER, of the 15th inst.

"Dr. J. C. Hupp yesterday received his credentials as a member of the Centennial Medical Commission, a body formed under the American Medical Association for the purpose of arranging an International Medical Convention at Philadelphia, September 4, 1876."

From the Daily REGISTER of the 15th inst.

"Dr. J. C. Hupp has been appointed a member of the Centennial Medical Commission, a body formed under the Medical Association, for the purpose of arranging for an International Medical Convention, at Philadelphia, on the 4th of September."

From the EVENING STANDARD of the 14th inst.

"Dr. J. C. Hupp has been appointed a member of the Centennial Medical Commission, a body formed under the American Medical Association, for the purpose of arranging for an International Medical Convention, at Philadelphia, on the 4th of September, 1876. He received his credentials as one of the commission this afternoon.

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WE have several good excuses for the tardiness of the present number, the most reasonable of which is that our printer has been very sick. As a compromise, we give with this issue of the MEDICAL STUDENT 40 pages of matter instead of 32 as promised in the prospectus; and promise to catch up the lost time as soon as possible.

## REVIEWS, BOOK AND PAMPHLET NOTICES.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF WEST VIRGINIA, together with the Constitution and By-Laws. Instituted April 10th, 1867. Wheeling: Standard Printing Co.

WE do not know who arranged the copy for this volume nor who was the medical proof-reader, but that these labors were performed by an inexperienced hand is very plainly to be seen. From the reading of the cover or title page it is impossible to tell whether the transactions are for 1867 or 1875, as neither the year nor the place of meeting is mentioned. The omission of the place of meeting is all the more unpardonable because we are told by the chairman of the Committee of Arrangements, in his address of welcome, that "never in the history of the county's development has an irregular practitioner of medicine for any length of time been supported or even countenanced by its intelligent citizens." We wonder, indeed, if another such a spot could be found on the face of the earth where "the hydra-headed monster of quackery" does not show itself and fatten by its show? Besides, Point Pleasant is an "old and historic place." His Honor, James H. Couch, Jr., the Mayor, in his address of welcome, alluded to its history in a very happy manner, and paid a handsome tribute also to the Medical profession which he recognized as "a power more mighty than that manifest in any other science or profession."

The address of the President, Mathew M. Campbell, M. D., of Parkersburg, touches a wide range of subjects—from the Steam Engine to the Microscope—and is fully equal, if not superior, to a majority of the presidential addresses that have preceded it. It is not, however, undeserving of criticism. After paying so many compliments to American Medical progress—"our achievments in the Arts and Sciences during the century now closing," which "have revolutionized the civilized world and crowned our nation and age with a wreath of fame which will bloom in fadeless glory to the end of time" (!)—and his declaration that "to be an accomplished Physician to-day is a very different thing from what it was one hundred, fifty, or even twenty-five years ago"; that "In those early days the text-books were few and comparatively simple, whilst now, each separate

branch has not only developed itself into an intricate science, but many new departments are super-added to the old-fashioned College course"—we think in justice to a much larger number of Medical Schools than he has been pleased to embrace, as well as to himself, he should, at least, have modified the wholesale charge made in the following remarkable paragraph:

"The plea, that the possession of a diploma should carry with it the right to practice, is fallacious, since out of the scores of Medical Colleges in this country, there are not half a dozen whose graduation carries with it any guarantee of fitness to practice. Of the thousands of young men who receive the degree of "Doctor of Medicine" annually, there are not 15 per cent fitted either by nature or Art for grappling with the studies they have to encounter, and not a few of these fail to make good use of their (sometimes, very poor) advantages."

In view of this lamentable worthlessness, in his opinion, of American Medical Teaching, he is in favor of the enactment of a law establishing a State Board of Medical Examiners, which shall recognize "no diploma from any College whatever," but shall embrace the generous proviso,—warranted "in a legal as well as a moral point of view"—that said law shall not have "a retro-active tendency," else there might be seen all sorts of squirming among the old and so-called experienced doctors. With many of this class it has become fashionable to bewail "the low standard of medical teaching in the United States," and they clamor loudly for a State Examining Board; yet not one of them, perhaps, could be found willing to run the chances of the Green Room of the poorest College in the land.

We do not know certainly how such matters stand in other States, but in West Virginia medical graduates from any regular school, as a class, (and "scores of Medical Colleges" are represented) occupy deservedly a higher level of professional standing, and are more successful in practice than their brethren of smaller advantages who are strangers to college lectures and hospital clinics.

It may be very true that diplomas are often unworthily conferred —that from some College Faculties they may be bought at a low price—and that even from old and respectable schools, now and then, under the pressure of peculiar outside influences, the proof of graduation may be obtained without going through the regular *curriculum*,—admit all these charges, and still, as a rule, the College "guarantee of fitness to practice," we think, is preferable to the certificate of a State Board of Examiners, until it shall have been satis-

factorily answered, who shall appoint the Examiners? and who shall examine the Examiners?

In the volume before us there are several papers of real merit. The report of Dr. S. L. Jepson, on the Epidemics of Wheeling, occupies 17 pages, and records the prevalence of Puerperal Fever, Typhoid Fever, Cholera, and Scarlatina. That part of his paper devoted to cholera, was twice published before its appearance in these Transactions.—1st, in Vol. 1 of the "Reports and Papers of the American Public Health Association: 2nd, in McClellan's Report on "The Cholera Epidemic of 1873 in the United States."

The next paper is on "Forceps in Midwifery," by Dr. Wesley H. Sharp, of Volcano, and presents an excellent summary of the opinions of the most eminent authorities on the subject. Besides, he has given his own conclusions on the question of "Meddlesome Midwifery" in a very creditable manner. The same author contributes also a brief "Report on Climatology and Epidemic Diseases of the Second District."

The Case of "Abdominal Tumor," reported by Dr. R. W. Hazlett, of Wheeling, is of very great interest in a pathological point of view, and we wish we had the space to reproduce it. In his closing remarks he says:

> In further proof that this cyst had its origin in the supra Wolffian body, and in no manner connected with the ovary, we offer—1st. The sessile character of its origin in the fold of the broad ligament. 2nd. The thickness of its walls, its organized structure deriving its contents from the secretory apparatus with which it is furnished, not by distension of Graffian vesicle as in true ovarian cyst, but by growth of similar elements. 3rd. Its unilocular character—there being evidence of but one cyst, in itself a distinguishing feature of parovarian origin.

Dr. J. Mathews Duncan, in the course of his address on opening the section of Obstetric Medicine at the last annual meeting of the British Medical Association (*British Med. Journal*, Aug. 7, 1875), fully endorsed Dr. Hazlett's pathological views concerning his case. "In connection with parovarian cysts" Dr. Duncan said:

> The subject of parovarian cysts, when fully made out, will be still further interesting and fruitful in gynæcology; for already we may presume that the numerous kinds and examples of cures of ovarian dropsy, without resort to ovariotomy, which have been described by many, including the highest authorities, were merely examples of delusion arising from imperfect knowledge. We know no one example of the cure, otherwise than by the operation of Ephraim McDowell, of an ovarian dropsy properly so-called; not one, however many may be found described, or whoever may be the describer.

The "Plastic Operation for Restoration of lower Lip," reported by Dr. M. F. Hullihen, of Wheeling, seems to have been a success, notwithstanding, in six years, "the patient was the subject of four different operations for the removal of the deformity, in Pa., N. Y., and Ohio, but all without benefit," leaving him "in place of a mouth, a round hole."

If the merits and value of this case are to be measured by the amount of newspaper puffing it has received, then, assuredly, it is the most important contribution made to the present volume of Transactions. During the session of the State Society, at Point Pleasant, this case was made a prominent item in a *Special* to the Wheeling *Daily Intelligencer*, and since the appearance of the volume, it has been copied in full by the same influential newspaper.

The longest and most valuable contribution to this volume, is the paper entitled "Surgical Cases," by Dr. John Frissell, of Wheeling. This paper is intended as a continuation of cases of similar character detailed by him at the meeting at Morgantown.

Commencing with a case of Urethro-vaginal Fistula, he has given 1 of Ruptured Uterus, 4 of cancer of the Rectum, 1 of cancer of the Wrist, 1 of cancer of the Eye and Abdomen, 1 of cancer of the Abdomen, 1 of cancer of the Face and Neck, 2 of cancer of the Penis, 2 of cancer of the Oesophagus, 1 of Multilocular Encephaloid tumor of the Abdomen with cancerous disease of the left kidney, 3 of Encephaloid cancer of the kidney, and 1 of Encephaloid tumor of the Jaw and Neck. These cases are all of an interesting character, and in their presentation many instructive points are brought out and reasoned upon.

With our present available space it is impossible to do anything like justice to this really first-class paper. Dr. Frissell is one of the oldest members of the profession in Wheeling, and has done more good surgery than any other man living within the limits of West Virginia, and yet, to-day, he is as young in activity and professional energy, as the best of his neighbors at 40 years. We believe he has never missed a meeting of the State Medical Society, and each volume of the yearly Transactions has had something to show from his valuable experience. His contributions are always unpretending in their statements—they never savor in the least of the *Mirabile dictu*, neither are they of doubtful origin.

In closing his paper, Dr. Frissell has promised, for the next meeting of the Society, further facts from his experience on "the subject of Malignant Disease," confining himself "mostly to cases in which the Breast and Uterus have been attacked." It is not quite plain that he does not confound the terms "*cancer*" and "*malignant*." Mr. DeMorgan says: "By 'malignant' I mean that which tends to continued spread and multiplication, irrespective of the tissues invaded—to progressive ulceration and ultimate poisoning and exhaustion of the system. Under no circumstances would I limit the term malignant to cancer, since cancer is not necessarily malignant, for it will sometimes *retrograde* without showing any of the signs which we attach to malignancy. On the other hand, tumors which we usually consider innocent show sometimes the characters of malignancy. Sarcoma, myxoma, and other forms of tumor are often as malignant as cancer, in some forms perhaps more so."

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☞ Notice of the "Cholera Epidemic of 1873 in the United States," prepared for this number, must lie over until the next for want of space.

---

TRANSACTIONS OF THE NEW HAMPSHIRE MEDICAL SOCIETY (85th Anniversary) held at Concord, June 15 and 16, 1875.

We are indebted to the Secretary, Dr. Granville P. Conn, for this handsomely gotten up and very choice little bundle of Transactions.

---

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA, at the 26th annual session, held at Pottsville, Pa., June, 1875.

This is a volume of 400 pages, and when it is mentioned that besides reports from 33 counties in the state, it contains several special contributions from gentlemen of high professional standing, some idea may be had of the value of its pages. The address of Prof. William Pepper, M. D., is of great practical value. We have marked several of its paragraphs for future use in the MEDICAL STUDENT. Very great credit is due the Secretary, Dr. Wm. B. Atkinson, for the excellent arrangement and general make-up of the volume. How he does so much work and does it so well, is the question.

---

ABORTION; ITS CAUSES AND TREATMENT. By Walter Coles, M. D.

This pamphlet, of 71 pages, the author tells us, has been written "with

a view of gathering up a few of the scattered fragments of knowledge, which modern research has contributed to the literature of this subject, and to compass them into a connected dissertation."

It is one of the most practically useful chapters on the causes and treatment of Abortion, with which we are acquainted.

---

NÆVUS. By J. H. Pooley, M. D., Prof. Surgery, Starling Medical College.

It would be difficult, we think, to find in any language a more satisfactory presentation of the knowledge on the subject of Nævus, than is found in this monograph. In the space of 23 pages, the learned author tells all the methods of treatment—26 in number—which have been employed.

*By the same author.*—"Enuresis Nocturna, Incontinentia Urinæ, Mictio Involuntaria, Incontinence of Childhood, Etc."

This paper is from the *Lancet and Observer*, December, 1875, and will repay a careful reading.

---

HISTORY OF AMERICAN MEDICAL LITERATURE, FROM 1776 TO THE PRESENT TIME. By S. D. Gross, M, D., LL. D. D. C. L. Oxon., Professor of Surgery in the Jefferson Medical College.

There is not a member of the profession in America, fortunate enough to lay hands on this little book, who will not feel his heart swell with professional pride as he reads the answer to the question, "Have we a Medical Literature?"

---

## THERAPEUTICAL NOTES.

SORE NIPPLES.—I have had a large obstetric practice as an English physician, and have never had a bad case of sore nipples. For many years, when the nipples became slightly sore, I at once applied zinc shields; but of late years, instead of allowing the zinc to combine with the lactic acid of the milk, I have applied a preparation of sulphate of zinc and lactic acid (in fact lactate of zinc) and glycerine with starch, between the times of suckling. I think if you try this you will find it unfailing, and not only a "prophylactic," but a specific in the true sense of the term.—Fleischmann.—

*Canada Med. Record.—The Clinic.*

RHEUMATISM.—Dr. Wm. Corson has derived much success in this disease with the following:—

℞. Phosphate of ammonia, ʒiss; Tincture of colchicum seeds, ℥j; Tincture aconite root, ʒij; Simple syrup, ℥iij M.—Teaspoonful every three or four hours.—*Phila. Med. & Surg'l Reporter.*

**Painful Menstruation.**—Dr. Baker, of Norristown, has found the following formula, given a week or ten days before the menstrual period, to yield almost sure relief in painful menstruation:—℞. Pil. ferri carbonat, ʒiij; Ext. conii mac., ʒijss; Ol. cinnamom., *m* xxx; Syr. tolutani, ℥ij; Syr. simplici, Aquæ. aa. ℥vij. M. Tablespoonful four times a day.—*Phila. Med. & Surgical Reporter.*

**Treatment of Acute and Chronic Rheumatism by Means of Hot Packing.**—In a former number of this JOURNAL an account of the treatment in this hospital of acute rheumatism by means of cold packing was published. Since that time hot packing has been tried, and with excellent results. The method of procedure is as follows: The bed is prepared by spreading over it a sheet of rubber cloth, and over this a blanket. Hot blankets are then wrung out of water of a temperature about as hot as the hand can bear, and with these the patient is enveloped. Two or three thicknesses of dry blankets are superimposed, and the whole retained in position till the patient is free from pain—a time varying from two to six hours. When the pack is applied the patient sweats very profusely, as might be supposed, and after its removal no danger has been found to occur. If the pain is confined to one joint, that joint is enveloped by the hot blanket, which is removed as soon as the pain disappears. One case of chronic rheumatism, extending over a period of seven months, was treated by means of local packings, and after slight relapses, occurring at intervals for five weeks, was discharged perfectly cured. This method presents the advantage in private practice of not shocking the friends of the patient as much as the ice and ice-water packings.—*New York Med. Journal.*

**Hemiplegia; Use of Ergot.**—This case of hemiplegia had a somewhat similar history to the previous one. On admission there was no loss of sensibility, but there was complete hemiplegia. Bromide of potassium was given in fifteen-grain doses, but no improvement of the paralysis took place. The fluid extract of ergot was then administered in half-drachm doses, and at the end of three weeks he was able to raise the leg slightly. By degrees the paralysis improved sufficiently to allow of him to walk across the ward. The dose of the ergot was increased to one drachm three times a day, and at the present time he is nearly well.—*New York Med. Journal.*

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*JANUARY, 1876.*

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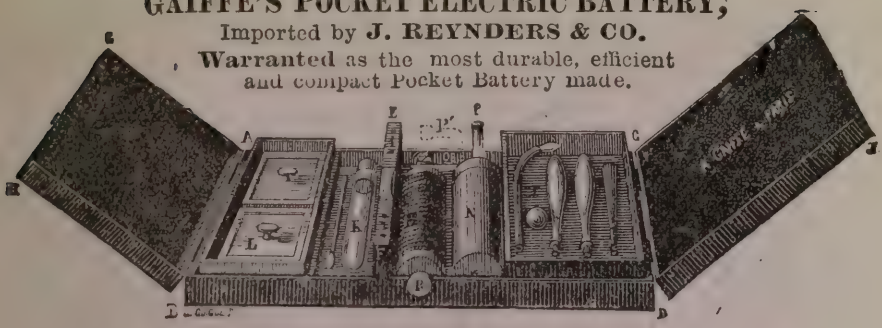

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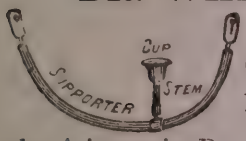


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Vol. 1. WHEELING, JANUARY, 1876. No. 3.

## Original Communications.

### Art. 1.—REMARKS ON THE THERAPEUTIC APPLICATION OF CIMICIFUGA RACEMOSA.

A paper read before the Columbus Academy of Medicine, Nov. 5th, 1875.

By STARLING LOVING, M. D., Columbus, O.,
Professor of Theory and Practice of Medicine, Starling Medical College.

MY object in presenting this paper to the Academy is to remind the Fellows of the effects and uses of a valuable but neglected medicine, and to offer for their consideration a few facts (as I believe,) concerning its application in certain cases in which, hitherto, it has not been much used.

The Cimicifuga, since its introduction to the profession in 1823 by Dr. T. J. Garden of Virginia, has attracted from time to time considerable attention, and many contributions concerning its influence on the body have been made to the literature of Therapeutics.

Soon after the publication of Dr. Garden's paper, it came to be considered an officinal remedy, and still retains that distinction, having its place in most of the American and several English works on Materia Medica. In addition, papers have been written by Drs. Young of Pa., Hildreth of Ohio, Davis of Chicago, Johnson of New York, Morse of Ohio, Sir J. Y. Simpson, and perhaps others,

concerning its effects in diseases of the lungs, in chorea, epilepsy, hysteria, insomnia, neuralgia, rheumatism and certain diseases of the eye; in dysmenorrhœa, amenorrhœa, in the parturient state and diphtheria, and yet comparatively few practitioners prescribe it at all, or if at all, only seldom.

Dr. Wood in the Dispensatory, says its effects on the system, in health, are not well understood, but that it is regarded as a nervous and arterial sedative and that it has the power to increase the secretions, particularly of the respiratory mucous membrane, the skin and kidneys. Its effect on the nervous system is decided and somewhat peculiar. It causes, when given in considerable quantities, giddiness, pain in the head, dimness and confusion of vision, and to some extent drowsiness but never stupor or narcosis. With these effects on the brain the functions of the spinal cord are also disturbed, the legs of a person under its influence become weak and trembling, and Davis and others say there is uneasiness and aching, an observation easily confirmed. When it is given in ordinary doses there is not much disturbance of the digestive functions, except that the appetite fails, and this is almost uniform when the doses are full, and even when small doses are continued for a length of time. When large quantities are swallowed in whatever form, nausea and vomiting follow, and sometimes purging, but these symptoms of local irritation are comparatively mild and speedily disappear on the removal of the cause. When the full systemic effect has been produced from usual doses it is not uncommon to observe dryness of the mouth and throat. As soon as the effect of the medicine upon the nervous system is distinctly manifest, its influence on the circulation also becomes apparent, the pulse grows more feeble, is reduced in frequency, sometimes to sixty beats per minute, and this depression continues for a considerable period of time. This produces of course an effect upon the respiration, and may account, in part at least, for the change in the secretions observed by several of the writers mentioned. As nearly as I can ascertain, Dr. Chapman was the first to call attention to this effect on the circulation.

Notwithstanding its power of affecting the system as described, there is not within my knowledge, any instance in which the medicine has produced dangerous effects either by general or local action. In general character, the action of Cimicifuga is somewhat the same as that of the other members of the botanical family, the Ranunculaceæ, to which it belongs. Like other members of the family, it has peculiarities which serve sufficiently to characterize its influence.

The active principle is not positively known. Chemists have succeeded in separating two resinous or resinoid substances, and good authorities claim that there is a volatile oil found in the fresh root which is not found in specimens which have been long kept. Perhaps the presence of this volatile oil may account for the greater activity of the root in the green state and the preparations made therefrom.

The so-called Cimicifugin, sold in the drug-stores, is said to be a compound substance, and not to represent the powers of the medicine. Having no experience in its use I am unable to pronounce an opinion upon its merits. The constituents which have been separated and definitely ascertained, the bitter principle, the tannin, gallic acid, sugar, gum, etc., give no clue to the action of the medicine on the nervous system and circulation, and will scarcely account for the local effects which it produces in various diseases.

The Cimicifuga since its introduction to the Materia Medica, as already said, has attracted more or less attention from the character of its action, and the number and variety of maladies over which it exerts control.

We pass by its use as a supposed antidote for the effects of the bites of venomous serpents, as it has been proved utterly useless for such purpose. But it may be worthy of remark, that the medicine was highly esteemed as an antidote by the common people, and much used, particularly in the treatment of the effects of the bite of the rattlesnake, one of the most venomous reptiles of the country, and frequent recoveries were attributed to its influence.

This we now know was not correct. The recoveries were due

not to the medicine but to the efforts of nature against the poison and the perturbing effects of unphilosophical and clumsy treatment, and this goes to prove that the bite of the Crotalus is probably not so deadly as commonly supposed. The further fact that the Cimicifuga is only one of a number of supposed specifics totally different in character and influence, is another argument in favor of the same opinion.

Dr. Garden recommended the medicine as having almost specific virtues in the cure of "Consumption and similar pectoral affections," and, thirty years after the publication of his paper, said he had found no reason to change his opinion. No one will claim now that any good may be expected from its use as a cure for tuberculosis, although it is still prescribed with this view mostly by persons out of the regular profession. Its calmative and sedative influence render it useful perhaps as a palliative especially in the first stage of the disease and positive good may come from the bitter principle, if this, as is claimed by Dr. Wood, be tonic, like other bitters, in its effects.

Its expectorant qualities, and influence on the secretions of the skin and kidneys, together with the effect on the nervous system, give it value as a means of controlling bronchitis and pneumonia, especially the chronic forms, and it is probable that its claims in this direction have of late been neglected and overlooked. Several of the authorities named agree in the supposition that it was the class of cases last named, and not consumption, in which Dr. Garden so successfully used it. When compared with several other medicines, the Senega snakeroot for example, it is feeble as an expectorant, and, like many other medicines of this class, not altogether direct, but changing the bronchial secretion through its general action. Like the senega its supposed active principle is resinous and this probably like most resins has a direct effect on the bronchial secretion.

Cimicifuga holds deservedly a high reputation as a means of cure in certain nervous affections, especially in chorea. It was first recommended to the profession for this purpose by Dr. Young of Pa., in a paper published in 1832, and still retains the popularity which

he gave it. Many physicians place more reliance upon it in the treatment of this disease than upon any other medicine, and we frequently see reports of its successful application, yet there are many of the profession who ignore it altogether. Whatever the intimate pathology of chorea may be (and its nature does not appear to be settled), so far as the control of the nervous element is concerned the cimicifuga seems, in many cases, to be all that is needed. I habitually prescribe it in idiopathic cases with confidence, and have not often been disappointed. When it seems likely to fail I suspect that there is an undiscovered complication. All that is required is to obtain an active preparation and administer it in sufficient quantities to produce and maintain its full effect until the disease is controlled. The good effects of the treatment are often apparent in a few hours, and the cure is usually complete within a brief period. All who have used the medicine repeatedly agree that for this as for other purposes, the fresh root in powder is the best form of administration. Some prefer the decoction, but if any part of the remedial effect is due to the volatile principle, this form is objectionable. The fluid extract prepared according to the direction of the Pharmacopœia may be used with confidence. When, as is perhaps most frequently the case, the condition of the nervous system is the consequence of antecedent disease, as rheumatism, ague, anemia or other morbid state, the cimicifuga notwithstanding its effect in controlling the spasms, will fail, but it may be advantageously combined with other remedies, appropriate for the original malady.

Hence it is often given in connection with preparations of iron, zinc, iodine, arsenic, etc., with good effect. Dr. Wood preferred the cohosh and sulphate of zinc in combination to any other medicines. In occasional cases the practitioner chooses to correct the original malady (remove the cause), by means specially adapted, and to treat any remaining disorder of the functions of the nervous system afterwards; the cohosh furnishes excellent means for the accomplishment of this end. When chorea arises from rheumatism, as in the idiopathic form, no other remedy may be needed, the dis-

ease often yielding promptly, but, as a rule, I prefer to prescribe it with colchicum, the alkalies, the bromide of ammonium, or some other of the remedies used for the control of rheumatism, for although efficient in both, the cimicifuga often fails when the two diseases exist in the relation of cause and effect. This is in opposition to what has been stated by Sidney Ringer in his book on Therapeutics, but like Ringer's it is merely a statement of individual opinion founded on observation.

In many cases of neuralgia affecting the nerves of the trunk and extremities, particularly in lumbago and sciatica (if these maladies may strictly be called neuralgia) the medicine has been found beneficial. I believe that close examination will reveal in the majority of such cases a tendency to if not positive symptoms of rheumatism. With regard to the application of the medicine in the treatment of hysteria and epilepsy I have had no experience, and so far as my observation extends nothing definite has been written concerning it. Dr. Wood mentions one case of hysterical convulsions in which he administered it with success, but he gives no accurate description of the case. Ringer speaks of its use in "distressing headache occurring in nervous hysterical women, especially at the menstrual period." Dr. Morse used it in hysteria but he does not state precisely with what results. From the character of its action on the nervous system and the circulation, it is easy to infer that it will control hysterical fits, and, in some cases, perhaps remove their cause, also that it will in a measure control epileptic seizures. There is reason to believe that it is a component of several secret remedies sold throughout the country for the cure of epilepsy. Of several specimens of these nostrums which I have examined the active ingredients appeared to be the cimicifuga associated with bromide of potassium. The combination is a good one, though I know of no case which has been cured, but of several in which the number of paroxysms has been greatly diminished. It is of course impossible to form accurate judgement of the effect produced by the cohosh administered in such combination.

Before known to the profession the cimicifuga was a popular remedy for rheumatism, and its effects in this disease are highly commended by several eminent writers. Among these are Drs. Davis, Johnson, and Sir J. Y. Simpson. Dr. Davis in his paper read before the National Med. Association, says that "he has no more doubt of its efficacy in controlling acute rheumatism when applid in the first stage than he has of the efficacy of vaccination in the prevention of variola." Dr. Johnson uses somewhat similar language, and Sir James Y. Simpson said it relieved him of an attack of lumbago in almost a magical manner. Ringer also, in his work on Therapeutics, praises it as a remedy in rheumatoid arthritis. Notwithstanding this strong testimony the medicine is not much prescribed in rheumatic complaints, much less than it deserves. I prescribe it frequently in the several forms of the disease, with most satisfaction in sub-acute and chronic cases, and in those cases, mostly chronic, in which there is a decided neuralgic element.

In order to account for its influence in rheumatism, the action of cimicifuga has been compared with that of colchicum, and the similarity is to a certain extent quite apparent, but there is no proof that the two medicines are identical in effects as has been asserted.

In the treatment of rheumatism as in chorea, in order to obtain satisfactory results, the fresh root or an equivalent preparation must be used, and the doses should be sufficient to produce the full characteristic effects of the medicine.

Dr. Brundige recommended its application in the treatment of the ophthalmiæ for the purpose of diminishing pain and photophobia, directing the eyelids and brow to be painted with the tincture or extract after the old method of using the extract of belladonna, and there is no question that it has the power to ameliorate uncomfortable symptoms in iritis and keratitis, and also in phlyctenular ophthalmia, but it is perhaps inferior to belladonna, and it has no influence on the pupil.

From its earliest history it has had more or less reputation as an emmenagogue, and as a remedy in painful and difficult menstruation.

We are informed that it was used for these purposes and as an abortifacient or oxytocic by the common people before its adoption by the profession, and there is reason to believe that the last effect especially is still understood by certain of the laity, for the medicine is liberally used without the prescription of the physician.

Its effect on the female organs of generation appears to be complex. In the first place, it acts like some other nervous sedatives upon the uterus through the nervous system, the disturbance of the functions of the skin and kidneys being but a part of the general effect.

In the second place, it seems to have the direct power of stimulating muscular contraction in the organ and of exciting the menstrual and mucous secretions.

Tully speaks of it, and the other plants nearly allied to it in botanical affinity, as having decided power in this direction. Stillé mentions its effects on the uterus and its appendages and quotes Dr. D. A. Morse who, in 1867, wrote recommending the medicine highly in purely functional amenorrhœa in which he says its administration if not at once successful must be continued through successive periods. Ringer recommends it in suppression of the menses and lochia from cold or mental emotion, and says further that it may be used for the prevention of after-pains and to expel the placenta.

I have prescribed it in amenorrhœa arising from cold, etc., with success, and frequently in cases of what I considered functional dysmenorrhœa (if there be such), with the effect of relieving the distressing nervous disturbance and pain and increasing the menstrual flux.

Its action on the uterus somewhat resembles that of ergot, but while it seems to have more influence on the secretions of the organ it is not so decided in exciting muscular contraction. Though not so powerful perhaps as an emmenagogue, and for the relief of painful menstruation as some other articles of the Materia Medica, I am of the opinion that its merits are so considerable as to commend it to our recollection in practice.

**CORRECTION.** In second paragraph from top, third line, read, after "nervous system," the disturbance of its functions, like the disturbance "of the skin and kidneys" etc.

As an oxytocic it is more decided than ergot, probably from its greater influence on the nervous system. Judging from such facts as I have been able to collect it seems to be really one of the most active of the agents affecting the gravid uterus.

Some authorities, owing, it is to be supposed, to a knowledge of the effects on the nervous system and kidneys, recommended it as a cure for spermatorrhœa, and possibly it may be useful in occasional cases of that so-called disease. I ventured from knowledge of the fact just mentioned, to prescribe it in three or four cases of nocturnal enuresis with some benefit to the patients, but without decided results.

If any cases of this troublesome affection be cured by the remedy they will probably be of the class mentioned by some of the Fellows two weeks ago at a meeting of the Academy, such as depend upon morbid states of the nervous system.

For many years Cimicifuga has been prescribed in the treatment of diseases of the mouth and throat. Prof. Barton recommended it in "putrid sore throat" and attributed its good effects to its astringency, in that and other affections of the mouth and throat. Later, it has been used in inflammation of the gums with swelling, in chronic inflammation of the fauces and pharynx, in aphthous and syphilitic ulcerations of the tongue, inner cheeks and fauces. Bumstead says the undiluted tincture prepared from the fresh root, is the best remedy of which he knows anything in the last named class of cases after the acute stage has passed, and it is easy to satisfy one's self that his opinion is correctly founded.

Prof. Morse claims that he has obtained great benefit from the use of the medicine in the form of the decoction prepared from the fresh root, in the treatment of diphtheria. In a conversation I had with him some months since on this subject, he was unqualified in its praise. He stated that he had used it in a great number of cases, some of which had assumed the malignant form, with the happiest results. He made no attempt to explain its *modus operandi*, which would probably be difficult to do, but merely stated that he had

given the decoction internally in liberal doses, and at the same time used it as a local application to the throat and other affected parts. I have had no experience with the remedy in diphtheria but think the assertion of the gentleman just quoted deserving of respectful consideration, more especially as we are frequently somewhat at loss for a remedy on which we can rely in the management of this dangerous malady. If I should hazard an opinion with regard to its action, I should say that its good effects are mainly if not entirely local, its general influence being opposite to what we commonly aim to produce in this disease which so rapidly exhausts the energies of the system. In this connection we naturally surmise that the epidemic of "putrid sore throat" mentioned by Barton, was epidemic diphtheria.

Having the facts concerning the use of the Cimicifuga in diseases of the mouth and throat in recollection last winter, when called upon to prescribe for a patient with whom a sore throat always means suppurative tonsillitis, and having failed on several previous occasions with this same patient by various ordinary and several extraordinary plans of treatment in preventing this result, I determined to use it with the hope that it might assist me to better success. The case presented the usual symptoms of the first stage of acute inflammation of the tonsils, or tonsil, the right only being affected, and of the pharynx. The patient, as usual with him under such circumstances, was despondent and disheartened, he as well as I, anticipating eight or ten days of suffering to him with possible danger and loss of time from his business and pleasures. His greeting was, "well Doctor, I suppose I am to go through the usual round of horrors, fever, and pain, thirst and sleeplessness, water and soup through my nose, starvation and no air!!" I hoped not, though hope was not founded on belief. I gave him a mercurial cathartic, as I had done before, and proceeded to paint the tonsil and the affected portions of the fauces with the fluid extract of Cimicifuga by means of a camel's hair brush, directing the painting to be repeated every hour, and the application of a hot fomentation to the neck so as to envelope it as completely as possible. I left him until evening, when I was pleased to find that the disease had made no further progress. The cathartic had produced its action and the extract and the fomentation had been applied faithfully as directed. These were continued during the night, except of course when the patient slept, and the

next morning there was not only no advance but a decided diminution of all the symptoms. The treatment was continued, the extract being applied every two hours instead of every hour. On the morning of the third day, the patient declared himself well except slight tenderness of the throat and some pain in swallowing. On this day, the patient being feeble, some quinine was given as a stimulant, two grains every three hours. The extract was applied every four hours. On the fourth day there was still further improvement, the parts had returned almost to their usual state, and the patient was discharged.

I repeated this treatment, omitting the quinine, in three other cases, which subsequently and very soon came under my care, with the same results, and am led by this experience to think that the medicine has to some extent, special control over this very uncomfortable and sometimes dangerous disease.

I cannot think the result a mere coincidence. In the first case especially every circumstance was unfavorable, from previous attacks the tonsils had become enlarged and diseased, and suppuration was very likely to occur; almost every form of treatment had before proved unavailing, yet from the first the application of the extract seemed to control the inflammation. The purgative and the warm water of course had due effect, but such measures do not ordinarily prevent the disease from advancing to suppuration.

Of course I do not think that this or any other method of treatment will prevent suppuration where the stage of effusion has been reached but I think it fair to infer that if the cimicifuga be thoroughly and faithfully applied in the onset stage of congestion, the disease may be arrested, more pleasantly and perhaps more certainly than by the application of the nitrate of silver, the strong astringents, etc., as heretofore practiced. The influence of the alcohol in the fluid extract and tincture of course goes for something, but I have not seen the same results from the application of other medicaments containing equal amounts of that agent. A fair test would be the application of the Juice of the plant.

I do not remember to have seen the cimicifuga recommended for this purpose and desire to place the results of my experience before the Fellows of the Academy for consideration.

## Art. 2.—SYMPATHETIC TROUBLES FROM DYSPEPSIA.

By C. A. BRYCE, M. D., Richmond, Va.

CONNECTED with imperfect digestion, there are many sympathetic disorders which simulate diseases of other organs so closely as to demand special attention not only for their relief, but also for the comfort of the patient's mind. To attempt to enumerate all would be next to absurdity. I shall content myself with mentioning three of the most distressing and alarming complications met with, which are sometimes badly understood and treated—these are Cerebral, Cardiac, and Mental disorders, arising from a disordered condition of the stomach.

I shall not consume time proving the intimate relation existing between the brain, the heart, and the stomach. Physiologists are well acquainted with this sympathetic relationship. In many instances the stomach gives the first evidence of cerebral trouble, and we should look for cerebral trouble of a functional kind from continued gastric irritation. That we should have cardiac excitement from the same cause is apparent; and mental depression and enfeeblement from a double cause. It can moreover be seen how these functional disorders, not remedied, might become organic and permanent. Taking into consideration the nervous connection of the organs mentioned—the sympathetic and pneumogastric, we shall not have to imagine cases, but see them in our patients daily, and have much to elucidate our diagnosis of obscure diseases. Now, as to cerebral trouble, we may have vertigo, sympathetic neuralgia, confusion of memory and ideas, continued pain, more frequently a dull, lasting, heavy pain on top of the head (which is almost always symptomatic of nervous disorders), dimness of vision, and even deafness. As to these symptoms, patients will often think they are independent diseases, and come to the physician to be treated for them. It is therefore very important that the physician shall be able to recognize their origin.

1. GASTRIC VERTIGO.—I would call particular attention to this trouble which is almost always associated with, and dependent upon, an accumulation of gas in the stomach. This is a most distressing trouble and until the patient fully realizes his exact condition, and that his ultimate recovery is certain, he will be perfectly misera-

ble, thinking he is going to be paralyzed, or that he has serious disease of the brain. I must thank my friend and former professor, Dr. L. S. Joynes, for relieving my mind and making a very correct diagnosis of my own case when I was a great sufferer from this real disease. The patient will hardly know how to describe his feelings. It is not literally a vertigo, but a general foolish feeling, want of power to think closely and correctly, and this condition is frequently associated with perverted vision. These symptoms come on suddenly; thus alarm the patient and prevent him from feeling safe in walking, or trusting himself alone; and they leave suddenly. He lives in constant fear of an attack which is always returning, making him lose confidence in himself, and depressing his spirits until after a while, life itself is a burden. As a medical man, I have experienced all of this in my own case, and have since recognized and treated it in my patients. Many a poor dyspeptic has run the gauntlet of every imaginable drug, thus weakening the powers of the stomach and aggravating his complaint for the want of a proper diagnosis. I have been thus particular respecting gastric vertigo because the books are deficient upon the subject. I have never been able to find anything that fully described my own case, or any general case of the kind.

Concerning the treatment of this complaint, I will say that the long and faithful use of Strychnina, Charcoal, Pepsin and calcined magnesia, did me more good than anything else. Of course my diet was cautiously regulated, and I have found that prudence in eating and drinking constitutes the most efficient treatment for this class of dyspeptics. The peculiar mental condition in such cases, is enough to make us investigate the disease fully. Many a patient suffers for a long while before mentioning it to his medical attendant. I have had patients to tell me, confidentially, that they feared losing their minds, and would go on and give the exact symptoms of gastric vertigo, which would always yield to treatment, but I will say that in no case have I seen any thing do good speedily—nothing but a strict attention to diet, and the prescribed remedies kept up sometimes for months, can relieve the patient.

There is this peculiar feature of the trouble—it is worse in the morning and evening. A patient will be unfit for any physical or mental effort until 10 or 11 o'clock in the day, and for the next several hours he experiences relief. Towards sunset, however, his trouble returns.

I do not think this is due to the presence of food in the stomach, for the complaint is generally worse before breakfast and supper, than it is an hour after either of these meals. I had a patient whose nervous symptoms came on regularly while eating, and for 3 or 4 weeks he was never able to finish any single meal, but would have stop suddenly and lie down.

2. Cardiac Functional Disturbance.—In the case of the patient just referred to, who could not complete his meals, respiration and circulation were much impeded. There frequently came on a sighing respiration, with intermittent pulse and cool clammy skin. Under the influence of Aromatic Spirits of Ammonia, Valerian, Brandy, etc., these symptoms would soon pass off, and the patient brighten up.

We can easily understand why the heart should be subject to these disturbances,—partly through direct sympathy from the stomach conveyed by the sympathetic nerve filaments, partly from the brain by the pneumogastric and cerebro-spinal system, and this is increased by emotional influences.

3. The Mental Condition in chronic gastric trouble is familiar to every practitioner, and the low spirits of the patient are often an index to the gravity of the stomach disorder. In such cases, moral treatment is of the utmost importance. The patient must be reassured, comforted and made to believe that his feelings are fully understood, before he can have sufficient confidence to believe that any treatment will avail anything, and thus cause him to follow the prescribed course of medicine, diet, and self denial, long enough to convince himself that he is improving. When he finds that, there will be no difficulty in getting him to obey any restriction and go to any sacrifice. He should be told that relapses are common, that he must expect a return of his symptoms, frequently at first, but not to be discouraged. In this way he may be saved a great deal of mental suffering, which is of paramount importance in the successful treatment of the disease in question.

As regards treatment I have but little to say, for the practitioner recognizing the above described symptoms either singly or sometimes all together, the proper course of treatment will suggest itself. The first thing is to get at the source of the trouble. It is impossible to lay down any one line of treatment, for very few cases require or will be benefited by the same course of remedies or dietetics.

To condense as much as possible, I will give a general outline which may be varied to suit individual cases. The routinist can certainly never be successful in this class of troubles. Where we find the nervous system irritable and prostrated, we must attend first to that condition, and will frequently have to resort to Potass. Bromid., Morphia Sulph., or preferably the Acetate. For temporary relief, Ammonia, Valerian, Musk, etc. For an inflamed condition of the stomach, where there is tenderness on pressure, with great thirst, I have found chlorate of potassa in the usual dose, 3 or 4 times daily, with mild counter-irritation, do a great deal of good. For gastrodynia with pain just over the region of the heart, or under the clavicles, I know of nothing so good as the Aromatic Liquid Pepsin, combined with a tenth of a grain of Acetate of Morph., or Hawley's Saccharated Pepsin with the Morphia.

If the disease has been of long standing, which is evidenced by the many sympathetic troubles, I should put my patient upon a diet which will be sufficiently nutritious and at the same time, so easy of digestion as to give the stomach almost absolute rest. For instance, the following, for which I am indebted to Dr. Hunter McGuire, Prof. Surgery, Va. Med. College. An absolute diet of cold wheat bread and rich sweet milk—nothing else. Rye or Graham bread may be substituted when the other cannot be tolerated, and the following: ℞.—Pepsin Porci., Carbo Ligni, Magnesia Calcin., aa ʒij, Strychnia, gr. i—m. ft. cht. No. xxx. One after each meal. I have already alluded to this combination as being so efficacious in gastric vertigo.

Tobacco is a fruitful source of dyspepsia, and its use should be positively forbidden; tea, coffee, etc., should also be abandoned, and the patient should only drink water enough to appease the thirst. Nothing weakens the tone of the stomach so much as large quantities of cold water, by the distension it causes and by its altering the temperature of that organ, first driving away the blood and then inviting a greater flow again by the reaction. Gentle exercise and pleasant society, are of great importance, the latter because it diverts the patient's attention from his disease. Steady friction over the stomach will help sometimes to dispose of a meal. I had a patient who became quite enthusiastic on the subject, declaring that there was more genuine therapeutics in 15 minutes application of good muscle than there was in the whole Materia Medica; this de-

pends considerably upon the manner in which it is applied. Sometimes cases may be cured entirely by dieting. Again many cases are, in my opinion, aggravated by the persistant use of a certain diet. Some dyspeptics will improve on a full diet of mixed food, while others will fatten on a light, simple diet, because it is easily assimilated and the stomach has less labor to perform.

I think the grand principle in the treatment of this class of disorders, is to give the organ absolute rest as far as possible, and encourage and coax it to perform its functions by tasking it as lightly as possible.

A very painful complication is a dull, heavy aching along the spine—frequently in the lumbar region. I have found nothing to relieve this condition until the general health was improved, and then the trouble would disappear without any special treatment. Where the nervous system is very much prostrated and the mental faculties have been enfeebled, Phosphoric Acid dil. plays a beautiful part. I think it acts better when combined with Strychnia. The bowels will generally be found obstinately constipated, and it will be difficult to regulate them. A simple laxative medicine may be used. I like the following better than anything I have ever tried, in fact it is the best pill with which I am acquainted for any kind of constipation. ℞. Alco. Ext. Aloes gr. j, Ferri Sulph. Exsic. gr. jss, Ext. Colocynth, co. gr. ij. M. ft. pil No. i. One 3 times daily until the bowels are regulated. I depend however, more upon attention to diet, as Rye or Graham-bread, hominy, prunes, etc., with gentle exercise. These few points in the treatment of dyspepsia may be of service to some of the profession who have not devoted themselves especially to disorders of the digestive apparatus. There is no disease in which an accurate diagnosis is so much needed, as in dyspepsia, nor which gives more satisfactory results when treated properly.

Persons in good health may imagine the uneasy sensations, and sorrows of the poor dyspeptic, but they can never know the extent of physical and mental suffering which clings to him at every step. At some stages of the disease, existence is only a living death,—food is taken to prolong life and increase torture—the hopes of one moment are dispelled by the fears of the next. Is it to be wondered at that insanity and suicide should often be the result in such cases?

## Art. 3.—PROF. J. H. POOLEY'S SURGICAL CLINIC.

Starling Medical College, Columbus, Ohio, October 16th, 1875.

**Reported by Albert M. Bleil.**

CASE 1. J. C——, æt. 19 years. Five weeks ago received a fracture of both bones of the right forearm, from a fall. The injury was treated by a physician in the usual way, but two weeks from the date of the accident he fell again and refractured the arm at the point of the first break. Two simple splints were employed —anterior and posterior.

Union is found to be tolerably firm, there is thickening and deformity along the ulnar surface at the seat of the fracture, and pronation and supination are interfered with. Dr. Pooley remarked that this simple case was full of instruction. The rebreaking and disturbance of the fragments had resulted in an exuberant growth of provisional callus which had partially bridged over the interosseous space, and thus accounted for both the deformity and limitation of motion. In the treatment of fractures of parallel bones, this bridging over of the interosseous space should be avoided by proper position. In this case, we may yet hope for great improvement from absorption of the superabundant osseous material.

CASE 2. A. B——, æt. 30. About 8 weeks ago this patient received a kick on the mouth from a horse. The inferior maxillary was fractured at the median line, and a triangular piece was cut out of the lower lip. The jaw was put in paste-board splint, and a plate of hard-rubber moulded to the teeth, to secure a good position. Patient states that union took place speedily, but did not result in perfect position, on which account the bone was refractured. The second effort was no better than the first, so the bone was a third time broken and dressed as before.

The cut in the lip has healed, presenting the mark or appearance after the operation of hare-lip. Firm union has taken place at the seat of fracture. The teeth on the left side are higher than those on the right—the canine being so much raised as to interfere with the motions of the jaw. The elevation of this tooth was probably caused by inflammation at its root. It being somewhat loose, was easily extracted.

CASE 3. H. C——, æt. 40. When about 16 years of age, sprained his right ankle, the joint became inflamed, and suppuration took place. After this there was periostitis, followed by necrosis of the upper part of the femoral shaft. Several pieces of bone were discharged, and the patient seemed to have quite recovered. Soon after, however, the left leg became affected in the same manner, and has been sore for a long time. The right leg shows several old cicatrices and depressions. The left leg has, on its outer surface, and eight inches below the hip-joint, three or four openings through which pus is discharged. The femur is thickened, and, by means of the probe, an extensive mass of dead bone is discovered.

After alluding to the various causes of necrosis, Dr. Pooley said these cases often gave a good deal of trouble, that the only means of cure was the thorough and complete removal of all dead bone. Esmarck's bloodless method is of great use in such cases, for by it the operator has a clear view of all the tissues, and is thus enabled to remove every particle of dead bone. By the old method, where every part is obscured and colored by the blood, it is impossible to be certain that the removal has been complete. Hence so many failures in the operation.

CASE 4. L. R——, æt. 9 years. This little girl suffers from greatly enlarged tonsils. Hypertrophy of the tonsils to the extent shown in this case, is capable of causing serious inconvenience to the patient, and there may be danger of suffocation, should the tonsils become inflamed and much swollen.

Chronic hypertrophy of the tonsils is sometimes treated by the application of Tr. Iodine, Nitrate of Silver, Alum, and other astringents, but these rarely accomplish a cure, so that excision, at last, must be resorted to. This may be done by taking up the tonsil on a tenaculum and then cutting it off, care being used not to wound an artery, but with the tonsil Guillotine excision can be more readily performed. This operation must not be performed when the tonsils are inflamed, as serious hemorrhage would then likely occur from the cut surface. In this case, notwithstanding quite a large slice has been cut from the right tonsil, there is but little bleeding. The following gargle was ordered,—℞. Tannin ʒj, Tr. Hyoscyami ℥ij, Aquæ Oj. M. One week from that time a portion of the left tonsil was removed, and two weeks later the patient was completely relieved from all uncomfortable symptoms.

CASE 5. Jet B——, æt. 22. He contracted Gonorrhœa two months ago. Exposure to cold, several days since, produced orchitis. The scrotum is greatly swollen, is tender to the touch, and constantly painful. The patient was put to bed, and warm applications of Tr. Digitalis ℥j, Aquæ ℥iij, directed. This treatment soon gave relief from pain and greatly reduced the swelling. To control the remaining distention, strapping the scrotum with adhesive plaster was employed, and this, aided by a closely fitting suspensory bandage, effected absorption of the effusion during the next few days.

Rest, in the recumbent posture, is essential in the management of orchitis.

*October* 23d. CASE 5. D. D——, æt. 38, unmarried, born in Ireland. One week ago while working in a quarry, he slipped and fell a distance of at least 40 feet. He has slight bruises about the chest and left arm. The right wrist presents a striking appearance, there being the silver-fork deformity, caused by drooping of the joint and displacement of the condyle, and shows plainly a Colle's fracture. There is over-riding of the bones, and a good deal of callus has already been thrown out. Reduction was attempted but with only partial success. An anterior and posterior splint was applied.

This case illustrates the danger of delay in the treatment of such fractures. Had this man been seen soon after the receipt of his injury, a deformed and stiff wrist might have been prevented.

CASE 6. Miss F——, æt. 39, born in Ohio. For a year past she has noticed a small lump at the outer and upper, or axillary margin of the right mamma. It has increased slowly, is now about half as large as a hen's egg, sometimes has pain in it which darts out toward the axillary plexus. It is hard, freely movable, not attached to the skin, no enlargement of the axillary glands. Her health is rather poor, she is pale, thin, and very anxious about her condition

No history of cancer in the family. The growth was pronounced to be commencing scirrhus, and the removal of the breast advised, and at once performed before the class. In cases such as this, an operation is always advisable. It delays the final termination, and prolongs life—sometimes, though rarely, effects a cure. It secures bodily comfort, and mental ease to the patient for a more or less protracted period at the very least.

The wound of operation healed very rapidly, almost by first intention, and the patient seen three months afterwards, presented a very slight, perfectly healthy, pliable and unattached cicatrix, and was much improved in general health. The tumor, examined microscopically, gave every evidence of being cancerous.

## SELECTIONS.

### Hypodermic administration of Morphia in Neuralgia.

By Mr. Spencer Thompson.

THIS remedy, and its mode of administration, are too well known to require comment here; but it is far from being as generally employed as it ought to be. This, perhaps, is due to various causes, but of these I believe the principal are, the means of administration not being always readily available, and the objection of patients to the pain consequent upon the use of coarsely constructed instruments. The first of these objections I have endeavored to meet by the use of a very portable hypodermic apparatus, enclosed in a metallic case, with ample supply of needles, and the great desideratum, an always moist and efficient piston; and by always carrying a supply of gelatine discs. The second objection is met by the use of very fine steel needles only. The discs, which contain one-sixth gr. of morphia in each, are a very safe and efficient dose for most cases, although in some it may be well to begin with a less amount, and in many it may be advisable to increase the dose considerably, half a grain, or even double that amount. I may here give it as the result of a very large experience in the hypodermic administration of morphia, that concentrated solutions are the reverse of advantageous. In the first place, they are not so safe as the more dilute; and, in the second, they do not act so quickly and agreeably. The usual strength I employ is one grain of hydrochlorate of morphia in forty minims of water, rarely in thirty. The slight increase of bulk is of no consequence, and in administrations I can count by the thousand, I have never seen the slightest bad consequence, in the way of abscess or otherwise, result to the patient.

*Lancet.—Med. & Surgical Reporter.*

## Blood-Letting in Puerperal Convulsions.

By John Frissell, M. D., Wheeling.

THE first case of Puerperal Convulsions I ever saw, came under my care some one or two years after I came to Wheeling. The patient was the wife of Joseph Pollock, Esq., then a resident and prominent citizen of this city. Towards the close of pregnancy the attack was ushered in with spasms, slight at first, but which grew stronger until she was finally seized with severe convulsions, becoming insensible and remaining so for over two days.

I saw her first, soon after the occurrence of the slight spasms and when she was suffering from fever, headache, etc. I bled moderately, gave laxatives, diaphoretics and antispasmodics, but notwithstanding all these resorts the spasms continued to increase in force and frequency. I determined to give blood-letting a full trial in this case, for I had in my own mind given up my patient to die. At my next visit I opened a vein in the arm, and allowed the blood to flow until an ordinary sized wash-basin was half filled; although pallor supervened, no other change was perceptible. I allowed the blood to flow on, determined to try the virtues of the remedy, to the very last extent. In a short time she relaxed and sank into a state of perfect syncope presenting a corpse like aspect, her pulse and breathing being imperceptible. Sprinkling the face with cold water, removing the pillows and placing the body so as to invite a return of blood to the brain, caused in a short time, signs of life to re-appear. Her eyes opened, her look became intelligent, and she inquired the reason of my presence there.

That look and that expression lifted a heavy weight from my breast, and, like the patient before me, I felt like a new person. No act of my life before or since ever brought with it more sincere satisfaction, and it has served to indelibly impress upon my mind the great power and value of this remedy.

It was the custom forty years ago to frequently bleed patients, as we used to say, to the point of relief or syncope, and I must say that while never knowing any serious injury being occasioned thereby, that I have in different cases strongly suspected that death supervened by reason of its non-employment. At that day, blood-letting was not one of the "Lost Arts," but was regarded as the great Panacea. Medical Professors filled their lectures with recitals of its

virtues, one of them, Prof. Gallop, of Vt., I remember, even extolled it as a sure cure for consumption.

In proof that blood-letting is as valuable a therapeutic measure to-day as it was forty years ago, the following case is given, which occurred a short time since, and very closely resembled that of Mrs. Pollock in my first years' of practice. The patient was of full habit, and complained of a sharp and severe headache, with much pain in the breast, occasioning vertigo, the face at times becoming almost purple in hue. After being in labor some 24 hours, (six hours of hard labor,) she was seized with convulsions. This was a case in which forceps could have been used only with the greatest difficulty and danger. The os uteri was not dilated much larger in size than a silver dollar, while the fœtal head was closely packed in the pelvis, and only slowly moulding and elongating into a shape in which it could pass through the bones of the pelvis. In this unpromising case, two bleedings, one of a quart, and in half an hour, another of a pint, causing the patient to turn pale, to yawn and gape, stopped the convulsions, the pain in the head and breast, and so relaxed the whole system that labor seemed at once to take on a new and fresh impulse. In six hours, it was completed; during all this time she experienced severe labor pains, but she passed safely through the trial, and made a quicker and better recovery than in any previous labor.

It is true I have not been equally successful in all cases of Puerperal Convulsions. In the case just narrated, the treatment and the result were truly satisfactory, and I would not hesitate to repeat the same treatment in similar cases and under similar circumstances—or what would perhaps be better, I would bleed liberally, and give a free laxative some little time before labor set in.

*Transactions of Med. Soc. of W. Va.*, 1875.

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## On the Management of the Lying-in-Woman.

HIME.

THE old theory, which represents the lying-in-woman as being in a state, similar to that of a person after an amputation, the uterus being compared to the part operated on, is unscientific and untenable. Parturition is a physiological process—the fulfillment of a natural function, and has no analogy with an operation which is

an interference with function. Amputation, whether the result of disease or accident, involves consequences which have no analogue in the process of parturition. The uterus after labor is no more comparable to a stump after amputation, than the uterus after or during menstruation. After natural labor there is nothing comparable to the collapse succeeding a major amputation; there is no fever, no suppression of secretions, no suppuration, or, if pus be present, it is not derived from the uterus at all, but from the vagina or external genitals, in the great majority of cases. The insignificant rise in temperature from 0.5° C. to 0.8° C. (the former in multiparæ, the latter in primiparæ) is due to normal physiological and not to morbid action, being the effect of muscular exertion, increased activity of the lungs, liver and other organs, when relieved from the pressure of the gravid uterus; and is only fleeting. Milk fever is far more talked of and written about than seen, and is of rare occurrence. The rise of temperature which accompanies the commencement of mammary activity, is slight, temporary, and unaccompanied by mental depression or constitutional disturbance of any kind. Operations performed immediately after labor will yield kindly.

A decided alteration, then, is needful in the common mode of treating lying-in-women as patients—confining them to bed for ten or twelve days on a low diet—the ordinary puerperal dietary being such as would certainly not be given to any patient after amputation. Water-gruel, barley-water, tea and dry toast should be abandoned for milk, eggs, good soup, chickens and other digestible meats, to be given from the first, and, of course, in quantities suitable to the conditions of individuality, want of exercise, etc. Stimulants are decidedly injurious, except in special cases. It is often urged, that, as a large amount of waste uterine tissue has to be got rid of, low diet should be adhered to; but milk has also to be secreted, and, anyhow, health and vigor will promote excretion and the performance of all vital functions better than a state of debility. Opiates, ergot and other drugs should only be given under necessity. The child should be applied as soon as the mother's state permits; if there be no milk at first, only for a moment or so, to encourage its secretion and the involution of the uterus. The binder is more of an *euthanasia* than a benefit after the first twelve hours, but not so the early removal into a fresh bed and room, if possible, and this may be done within forty-eight hours. The woman may sit up in

bed for a short time from the first, a continual maintenance of the recumbent posture for ten or twelve days being as injurious as it is unnecessary; and most patients may be on the sofa on the fourth or fifth day. Above all things, the medical attendant should see that his directions are carried out, and not trust they will be so, especially as to the removal of soiled linen, etc.; not that its presence, any more than the neighborhood of privies, want of ventilation, etc., will, *per se*, develop metria any more than typhoid fever: otherwise eight or nine-tenths of lying-in-women must inevitably suffer from it, a result equally certain if medical men could convey the germs of disease with them as readily as is assumed. Cleanliness and ventilation always tend to preserve health and check disease, but they are no more needful for the lying-in-woman than nourishing food. After natural labor a woman is not in a diseased state, and the maintenance of health and vigor will be the most successful means of averting all risks.—*Obstetric. Jour. of Great Britain and Ireland.—Chicago Med. Jour. & Examiner.*

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## Tea Poultice in Erysipelas.

By B. G. McPhail, M. D., Acting Assistant Surgeon U. S. A.

NOT long since, an accidental circumstance led me to apply a *tea poultice* to a case of erysipelas of the hand and forearm, and with such happy results that I have since used it in several cases —also for whitlow and osteitis. In every case it gave decided satisfaction. It is grateful to the patient, allays pain, and reduces inflammation.

Flaxseed meal made into a poultice with a strong decoction of *black tea* is a nice way to apply it, or the decoction may be applied warm on cloths. My opportunities for using it have been somewhat limited, and do not justify me in speaking too positively of its merits; but having been so much pleased with its action, I am induced to request a trial by the profession in the above affections and in puerperal peritonitis. Tannin has not given the same results in its pure state.—*Va. Med. Monthly.*

[A poultice of *tea leaves*—green or black—for the cure of sore eyes, sore nipples, bruises, chafing of the skin, burns and scalds, is an old and very common resort in domestic practice, by the Mothers in West Virginia.—*Ed. W. Va. Medical Student.*]

# CORRESPONDENCE.

PHILADELPHIA,
Dec. 24th, 1875.

AT present, we are so full of 1876, that we have it served up in every way. Medicine, in common with everything else is flavored with it. In a few days we shall all be Centenarians. The ladies are Martha Washingtons, and bless the dear little souls, they know how charming the dress makes them, and therefore, they appear in it on every occasion.

The arrangements for the medical meetings are progressing very satisfactorily, and great disappointment will be felt if each meeting is not well attended by the guests who are expected.

Our city is just now in unusually good health. We are having more sickness than ordinary among the physicians, as several of our prominent men are quite ill. Prof. Gross has been compelled by severe illness, to lose nearly three weeks of his lecture course, much to the regret of the class. It is earnestly hoped that his health will be fully restored, and that he may long be spared to the profession. Especially at this juncture, is he missed as he has been one of the most earnest workers in the preparations for the International Medical Congress.

Ground has been broken for the new hospital of the Jefferson Medical College, but the location just in the rear of the College itself, fronting on a little street, surrounded by high buildings, is not all that could be desired. It is understood that the Alumni, who raised the money for this undertaking, are much dissatisfied, and have expressed their feelings but without result. It would appear that the removal of the University to the other side of the river has worked badly, as that school is far behind in point of numbers. This was one reason why the Jefferson was retained in its present location. The builders expect to have it in readiness by the fall, but can scarcely be sufficiently advanced for the spring meetings of the medical societies.

I feel rather complimented by the number of journals that have made abstracts from my letters, as they appear in your columns, and it certainly appears that the STUDENT is carefully scanned by them.

With the compliments of the season, I am

Yours,

PHILOS.

WHEELING,
Jan. 5th, 1876.

**To the Editor of The Medical Student:**

YOUR correspondent "Inquirer," may expect a word from me in reply to the queries in his communication in your last number. I beg leave to say,—

1st.—When I presented to the State Medical Society the resolutions quoted by "Inquirer," the "plan of a bill to establish a State Board of Health" accompanied the resolutions, and was the one drawn up by a committee of the Am. Public Health Association, and adopted by that body as a suitable bill for enactment by the different States. Why it did not appear in the Transactions of our State Society, why county committees were not appointed, and why "200 extra copies" of the bill were not printed and distributed, as contemplated by the resolutions adopted by the Society, are questions which the Chairman of the committee, and the President of the Society can better answer than myself. My connection with the whole matter ceased when the resolutions were adopted. The Chairman is certainly too well posted in political affairs to suppose that his Postal Card circular would have any influence in bringing about the passage of the desired law. Those whom I have heard refer to said circular, regard the whole thing as a farce.

2d.—The proposed law did not contemplate "the restriction of the practice of medicine" in any way, nor did it have the remotest bearing on that subject. There was therefore no occasion for the "strategy" which "Inquirer" seems to fear. The author is wholly opposed to the enactment of any law regulating the practice of medicine in this State. The time may come when such a law will be necessary, but in the present undeveloped condition of affairs, any such law would be a dead letter.

Respectfully,
S. L. JEPSON.

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**To the Editor of The Medical Student:**

DEAR SIR,—I desire through your Journal to make the following statement.

In my annual address before the State Medical Society at the meeting at Morgantown, May 1874, I advocated the necessity of legistation to regulate the practice of medicine, and stated that Mr. Davenport, from Ohio County, opposed the passage of such a bill: this statement is not correct. Mr. Davenport advocated the passage of such a bill and through his influence it passed the House, but was defeated in the Senate.

M. S. HALL.

# THE MEDICAL STUDENT.

James E. Reeves, M. D., Editor and Proprietor.

JANUARY, 1876.


## EDITORIAL.

### TO OUR SUBSCRIBERS—A HAPPY NEW YEAR.

SINCE we last addressed our readers, the Christmas bells have rung out their merry peals in commemoration of the lowly Birth at Bethlehem, and another year of failures and successes, sorrows and pleasures, has gone to the record of that Eternal Past from which there is no appeal. To-day, all peoples are in sympathy of good will with each other. It is the season of new resolves, high hopes, noble aims; and the world is bettered by the friendly greetings which find expression in the fervent *God bless you!* that wells up from millions of grateful hearts.

To the American people the New Year of 1876, is of grand and glorious importance. It will close the first Century-Chapter of their national history; and the magnificent preparations which are being made in all the states of the Union for a summing up of industrial achievements—since the patriot Fathers of 1776, "with a firm reliance on the protection of Divine Providence," solemnly published and declared "that these united colonies are, and of right ought to be, free and independent states"—attract the attention of the civilized world.

A hundred years ago, the locality now occupied by the busy City of Wheeling, was only known in the Border warfare; and the country round about was almost a trackless forest. Now, within the view then commanded by old Fort Henry, along the banks of the Ohio, there are 40,000 souls, and hundreds of thriving manufactories to mark the change which has taken place; and this is but a feeble example of the mighty progress that has been made in all directions of the national domain.

The nineteenth century forms a most remarkable era in the history of the world. From its commencement the march of the sciences has been a triumphant one. Many of the most mysterious operations of nature have been elucidated and explained, and the conquests which have been gained are as valuable as they have been resplendent in character. In few of the sciences has the progress of discovery and improvement been more remarkable than in the science of medicine. Scarcely a month now passes which is not rendered memorable by the discovery and promulgation of new and interesting facts in illustration of the principles of the healing art. The medical presses of Great Britain, France, Germany, Italy, and the United States, constitute one grand commonwealth, from which there is constantly sent forth, and within easy reach, experiences and discoveries of the very highest importance to the profession and to the cause of humanity.

In saluting our readers and wishing them all a happy New Year, the pleasant opportunity is afforded us to acknowledge the debt of gratitude which we owe to our friends of the press for their flattering notices of our first issue and commendations of our enterprise.

The MEDICAL STUDENT was started without consultation with any body as to its probable success, and the support already received fully warrants the belief that the work is permanently established.

Our low terms (only two dollars per annum) have been adopted with the view of securing a large circulation, upon the extent of which will depend very much our usefulness at home and abroad. May we not look for large additions to our subscription list during the year?

Again, returning our sincere thanks to the friends who have made exertions in our behalf, either by subscriptions or contributions to our pages, we wish them one and all a *happy New Year!*

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WE regret to record the death of DR. JOHN D. JACKSON, a distinguished Kentucky physician,

"On whom God's signet for a man was set."

The sad event occurred on the evening of December the 8th, at

the residence of his brother, Mr. C. Jackson, near Danville, Ky.

During the summer of 1875, Dr. J. M. Toner made a visit to Dr. Jackson, and described it in his "Notes of a Summer trip, No. 4," as follows:

On my arrival at the residence of Mr. C. Jackson, I found the doctor sitting on the porch of the pretty little cottage. He looked tolerably strong, and arose to welcome Dr. Carter and myself. The sunburning of the St. Lawrence last summer, and of the Floridas last winter, as well as the effects of the sun of this summer, had bronzed the doctor very much. His voice was a little feeble, on account of laryngeal trouble; but he was, in every way, stronger and better than when I saw him a few months before in Louisville. His general appearance, in fact, was nearly as favorable as it was last summer, when we spent a month together at the Thousand Islands and on the St. Lawrence. The doctor, notwithstanding this long illness, is cheerful, and, when alone, is constantly reading. He is as pleasantly situated here in this cottage, and as comfortable, as it is possible for him to be anywhere. His brother is a genial, pleasant gentleman, and is greatly devoted to the doctor, and is particularly efficient in rendering him those little attentions which add so much to comfort, and which relieve the monotony of invalid life. The doctor spends the greater part of each fair day in the open air. He has a cot which can readily be moved about under the shade of the fine old forest trees, which have been preserved, and stand immediately in front of the door. Occasionally he takes a ride on horseback over the farm. This exercise, with the good nourishment and the quiet life he is leading, has greatly improved his strength. He contemplates spending a few weeks at Crab Orchard, or some other convenient and pleasant resort, hoping that a change of scene, diet, air, etc., will act as a tonic, and further benefit him.

It was gratifying to witness the evidences of the regard in which the Doctor is held by the people of Danville and vicinity. The number and class of persons who were daily calling, and giving other manifestations of their appreciation of him, both as a man and as a physician, certainly indicated a regard that was highly flattering. One day, while I was with him, there were seven carriages in front of the door, representing as many separate families, who called to pay their respects. Another day there were five carriages, and every day there was quite a number.

Dr. Jackson is a native of Danville, Ky., and graduated at Center College. He studied medicine amid the scenes of his youth, and has fairly won by his merits a front rank in the medical profession of the United States. It is not at all wonderful that the whole community should have a pride and interest in him. Years ago, his ability attracted the attention of the medical men throughout the country. The high honor paid him at the recent meeting of the American Medical Association in Louisville, in electing him first vice president, was but the honest expression of the great esteem in which he is held by his brethren throughout the United States.

Dr. Jackson has been solicited on many occasions by the leading physicians of several of our larger cities to leave Danville and settle among them; his genius and ability being of such a pronounced character as to command the certainty of a ready and profitable employment. But he loved so well the country and the kind-hearted people among whom

he had grown up, that neither the professor's chair, nor the inducement of a lucrative business in a great mart, could allure him away from the friendships and scenes of his early life.

The Doctor has collected one of the choicest libraries in Central Kentucky, and one, indeed, which, in point of value and extent, would grace the library of an eminent physician in a large city. He reads French, and also speaks it quite well, and is a rapid and careful reader, with a logical and analytical mind, drawing deductions with great rapidity and accuracy. During his tour to the Old World, he made many valuable acquaintances, especially among the leading physicians and surgeons of Great Britain. But few physicians of his age have won a more enduring place on the pages of American medical literature, and fewer still a more deserved remembrance in the hearts of his associates and professional brethren.

J. M. T.

The *Medical Student* (published at Wheeling, W. Va.) proposes to make a regular record in its pages of all Medical and Surgical exploits which are reported in the Wheeling secular press in connection with the name of a physician or surgeon in "good standing," credited with such performances. A good idea, but if followed by all medical journals, some would contain nothing else than these records.—*Detroit Review of Med. and Pharmacy.*

We answer, that the simple announcement, in the first issue of the MED. STUDENT, of our intention to reproduce all such local advertisements of practice, has had a most salutary effect. There are now not only fewer accidents, requiring surgical assistance, reported in the daily newspapers, but the style of such paragraphs is far more respectful to the dignity of the profession.

The following item, from the Daily *Intelligencer*, of the 15th inst, shows the present unexceptionable manner of such reports:

THIGH BROKEN.—Harry Myers, a little son of Wm. Myers, who keeps a saloon on Jacob street, between 38th and 39th streets, while running on Thursday, fell upon the pavement and broke his thigh. He is in charge of experienced and careful surgeons, and is getting along finely.

All will admit that this is in excellent contrast with the following, supposed to be, spicy paragraph which appeared in one of the morning papers just before our first issue, and for that reason the name of the surgeon is omitted, as well as some of the particulars of the "fight." The italics are our own.

AN EAR AND LIP "CHAWED" OFF. Yesterday afternoon, "Cheevie" Reid and Dave Jamison got into a fight. When Reed was pulled off, it was discovered that Jamison was minus about half of one ear, and a piece of his upper lip the size of a peach stone. "*These pieces of Jamison's flesh were picked up on the pavement after*

*the fight.* Jamison went to Dr.——, who *sewed the lost parts to the unfortunate man* and did every thing possible to render his condition the best possible."

The adoption of our remedy may require a little extra moral courage, but it works well. Besides, it commends itself to the support of all high-minded members of the profession.

We are confident our readers will feel obliged to Professor Loving for his valuable paper, on the Therapeutic Application of Cimicifuga Racemosa, which appears in the present number. A few days after receiving the MS. for publication, we happened to meet among our patients two cases of Quinsy—both adults, and concluded to give the Cimicifuga, according to Professor Loving's plan, a fair trial. The result fully equalled his experience. We have also employed it in a case of severe Diphtheria which did well without other treatment. The error on page 84, of this paper, third line in second paragraph, was not discovered until the form was worked off. Hence the rather out of place foot-note which there appears.

Several of our Exchanges are out in centennial dress. The *American Medical Weekly* comes to us on tinted paper with the cover printed in colors. The *Chicago Medical Journal and Examiner* is enlarged, neat and clean, and, like the *Weekly*, set in fancy cover. The *Peninsular Journal of Medicine* (published at Detroit) also makes a new start, being considerably enlarged and in very neat binding. The *Cincinnati Lancet and Observer*, recently consolidated with the *Indiana Journal of Medicine*, has started out with 96 pages monthly, for 1876, and presents a new face. There is also an improvement in the general make up of the *Virginia Medical Monthly* (published at Richmond),—a cleaner face and better paper.

At all these signs of prosperity among our friends we are very glad, and shall try to keep the Medical Student worthy of the excellent company it keeps.

The Louisville Medical News—a double column, neatly printed octavo (weekly)—is the latest addition to American Medical journalism, and judging from the appearance of the Nos. which have been received, its editors are going to make it a success. They have our best wishes. Subscribe for it,—Price, $2,10 a Year.

THE attention of medical students is invited to the advertisement, on the 2d page of the cover, of the Lectures of the Spring and Summer course, 1876, in the Medical College of Virginia, Richmond, which will commence Tuesday, March 14th. The excellent advantages afforded, in this course, for thorough training in the Elementary Branches of Medicine, are not surpassed by any school in all the country,—besides, Richmond is a home-like city.

## REVIEWS AND BOOK NOTICES.

CHOLERA EPIDEMIC OF 1873 IN THE UNITED STATES. Washington. Government Printing Office, 1875.

THIS is probably the best Report on cholera ever published in any country, and if it shall settle the vexed question of the origin of the disease—whether imported or spontaneous—a great advance truly will have been made on the efforts of the last forty-five years, which, too often, have not only antagonized each other, but descended, sometimes, to blind and very unbecoming partisanship. We fear, however, notwithstanding the *facts* here so forcibly brought forward under the seal of Government authority, that Doctors will continue to differ concerning the origin and spread of the disease.

The volume before us contains 1025 pages octavo, and really embraces *four books*, each of which, for convenience at least, should have been set in separate binding. The divisions of labor are as follows:

1st.—Introduction of Epidemic Cholera through the Agency of the Mercantile Marine: Suggestions of Measures of Prevention. By J. M. Woodworth, M. D., Supervising Surgeon U. S. [Mercantile] Marine Hospital Service.

In the brief space of 28 pages the accomplished author brings forward an array of "facts which establish the connection of the Mercantile Marine with the importation of Cholera into the United States, and to suggest what in the present knowledge concerning the disease, may be done by addressing our efforts to this alleged *fons et origo* of malignant cholera in the western hemisphere, with a view to the prevention or limitation of future outbreaks." In his admirable summary of what is known and accepted concerning the cause of malignant cholera—its origin, character, mode of propagation,

transportation, etc., nine propositions, intended to bear solely upon the question of the exclusion of the disease from this country, are submitted. The 1st and 7th propositions, it may be said, embrace the whole law, and constitute the key-notes to the doctrine and spirit of the volume. They are,—

1. Malignant cholera is caused by the access of a specific organic poison to the alimentary canal; which poison is developed spontaneously only in certain parts of India, (Hindostan.)

7. The dried particles of cholera-poison may be carried (in clothing, bedding, etc.) to any distance; and when liberated may find their way direct to the alimentary canal through the medium of the air—by entering the mouth and nose and being swallowed with the saliva—or, less directly, through the medium of water or food in which they have lodged.

From a careful review of the evidence collected by a multitude of cholera-students in both hemispheres, Dr. Woodworth declares, in a foot-note to the 1st proposition, that "Just as certainly as that contact of pre-existing syphilitic virus is necessary to produce syphilis, so certainly is contact of the pre-existing cholera-virus necessary to produce cholera in any part of the globe outside of Hindostan."

2d.—This department, occupying 513 pages, is made up, *a.*—Clinical History of the Epidemic of 1873. *b.*—Etiology of the epidemic of 1873. *c.*—On the prevention of Cholera. *d.*—On the origin of the epidemic of cholera that reached the United States in 1873; and then follow eighteen *Narratives*, from as many states, closing with a paper on the epidemic as it affected the United States Army, the whole, excepting 16 pages, compiled and furnished by Ely McClellan, M. D., Assistant Surgeon U. S. A.

The exceptional 16 pages are devoted to "The Origin and spread of Asiatic Cholera which reached the United States in 1873." This paper, constituting the 4th chapter, was contributed by Dr. John C. Peters, of New York City. In obedience to natural arrangement, it seems to us, this chapter ought to have occupied the place of chapter 1st.

It is to be regretted, we think, that Dr. McClellan had not the time to make a smaller book—to exclude from the remaining chapters a large amount of really unnecessary matter: for example, the medical treatment of cholera, and by that means have found room for Dr. Adoniram B. Judson's pains-taking and positively invaluable "Report upon the Course of Cholera through Two Hundred towns

and cities in the Mississippi Valley," which was read at the New York meeting of the American Public Health Association, in 1873, and published in the 1st Volume of "Reports and Papers." The omission of Dr. Judson's paper is all the more remarkable because of the republication, and appearance in the present Report of Dr. McClellan's paper—"An account of the Epidemic Cholera, during the Summer of 1873, in Eighteen Counties of the State of Kentucky"—which was read at the same meeting of the American Public Health Association, in New York City, and published in the same volume of Transactions side by side with Dr. Judson's report.

Some of the Narratives here furnished differ widely in their statements as to the origin and spread of the disease in different localities, and even from the same places, in a few instances, counter statements have been furnished. From Cincinnati, for example, William Clendennin, M. D., late Health Officer, and C. L. Armstrong, M. D., appear *vs.* J. J. Quinn, M. D., Health Officer; and Dr. McClellan also records "a few facts throwing some light upon the epidemic" at Cincinnati, "not noted" by the reporters above named; and from that city he tracks the disease to the "neighborhood of Wheeling, where it arrived on the 17th of June, and originated two house-epidemics."

It is no injustice to Dr. McClellan to say that he started out in the discharge of the duties assigned him, with his mind fully made up as to the origin of the epidemic, and when he came in contact with such experiences as were furnished him at Wheeling, and several other points, it was only necessary to charge the mystery to imperfect observation.

It was, indeed, a mystery how cholera came to Wheeling, and, on the 9th of June—5 days in advance of its official recognition at Cincinnati—selected for its first victim a frail old lady who had not been off the square in which she resided for several months; how, next, on the 20th of June, or 11 days later, a young man was attacked who resided a mile and a half distant from the house in which the first case occurred—the families being entire strangers to each other,—all these and many other strange things concerning the visitation of cholera in Wheeling, in 1873, must forever remain a mystery. This much, however, we do know certainly that the disease was cholera of the Asiatic stamp; that so early as the 10th of May, diarrhœa was prevalent in all parts of the city, and became so com-

mon by the beginning of the second week in June that, it is safe to say, at least three-fourths of the population were sufferers therefrom. Who can say that many of these cases of severe and mild diarrhœa were not purely *choleraic* in character? Hundreds of them, not seen by physicians, were treated with the various *cholera mixtures* that flooded the drug market, during the season, as infallible remedies or cholera-cures.

If it were necessary, in order to prove the existence of cholera, that in every case there must be diarrhœa accompanied with cramps, and a stage of collapse,—or that to be recognized as cholera, the case must be sufficiently severe to demand the services of a physician, and alarm the patient and his friends,—or, again, to prove its existence, contact with an antecedent case must be shown, then there were but few cases of cholera in Wheeling during the Summer and Fall of 1873, and none prior to the 9th of June, when the first case, of "Cholera Nostras," occurred and proved fatal.

On account of the variety and extent of Wheeling manufactures, scarcely a week passes that some of their representatives are not in personal contact with the lower Mississippi, and hence it was not essential, to prove its introduced origin, that the epidemic should make its mark at Cincinnati before reaching Wheeling. If the dates of attack in both cities, as officially recorded, are correct, and it is true that the disease can only originate outside of its Indian *habitat* by contact with an antecedent case or its products, then the attack in Wheeling must have occurred through the direct medium which we have intimated as possible at least.

The simple question—which was discussed at the recent International Medical Congress, at Brussels—is, whether the different epidemic explosions of cholera which have occurred on European and American soil, are due to the spontaneous production of the cholerigenic miasma, or must be attributed to the slow development of miasma, left as it were in reserve by the preceding Asiatic epidemic? This last is the opinion most generally adopted and, we believe, received the support of the Congress.

This however, is no new doctrine concerning the epidemic rise and spread of contagious diseases. More than 30 years ago, Dr. Thomas Watson (*Lectures on the Principles and Practice of Physic*) expressed it in these words: "I confess my own opinion to be, that continued fever, like small-pox and Measles, originates, in all cases,

from a specific poison. With respect to all these disorders, I conceive that, in every community, there is constantly kept up a sufficient stock of contagious matter, to act as a sort of leaven, whenever circumstances favorable to the development of the disease as an epidemic, may chance to arise."

Leaving the unsettled question of the origin of the Cholera Epidemic of 1873 in the United States, we come to a subject of not less importance, and concerning which all of the contributors to the Report are fully agreed,—that is, the potency of properly directed hygienic measures in arresting the spread of the disease and greatly diminishing its fatality.

During the Spring and Summer of 1873, the alarm of cholera was an every-day family talk, the newspapers were full of it, and as the epidemic came nearer and nearer to Wheeling homes more and more attention was paid by all classes of the people to personal and domiciliary hygiene. The Municipal authorities were also duly aroused, but not, we believe, until after a letter was received by Health Officer Jepson from Dr. John C. Peters, that best-abused cholera-student in America, during his visit upon the track of the epidemic in the South and West, which gave assurance that the disease was indeed genuine Asiatic Cholera. By that means Wheeling was saved from an extensive visitation of the disease.

The 3d Book, according to our division of the contents of the volume, contains 180 pages, and—excepting 18 pages contributed by J. J. Woodward, M. D., Assistant Surgeon U. S. A., on the Epidemic Cholera in the Army of the U. S., during the years 1866-7—is occupied by Dr. John C. Peters, with histories of the epidemics which have occurred since the date of the first recognition of the disease. Dr. Peters' contributions, accompanied with numerous maps, are of so much value that in justice to himself, we hope to see them given to the profession in a separate and more accessible volume than the one in which they now appear, and help to constitute its chief attractions. No man is better qualified to produce a great American work on Cholera than Dr. Peters, and those who know him best—his long and pains-taking studies of cholera—know that he would not bend the truth to support a theory.

The 4th, and last Book of the volume, covering 317 pages, on the Bibliography of Cholera, by John S. Billings, M. D., Assistant

Surgeon, U. S. A., is without equal in any language, and it has been commended in the highest terms wherever noticed. The *Cincinnati Lancet and Observer* has said of Dr. Billings' labor that "the work deserves a separate reprint, as it is the crown jewel of the collection, and by far the most valuable part of the book."

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HINTS IN THE OBSTETRIC PROCEDURE. By Wm. B. Atkinson, M. D., Physician to the Department of Obstetrics and Diseases of Women. Howard Hospital. T. K. Collins, Publisher, 705 Jayne St., Philadelphia, 1875.

This is a noble little book by an industrious competent author. It ought to be read and owned by every young physician in the land, and it would not be amiss if hundreds of old practitioners would also use it to assist them to the higher level of to-day in obstetric science. It is just exactly the make-up to meet the wants of the busy country doctor, who is necessarily compelled to spend much of his time away from his office making the rounds among his patients. With this little treasure and safe guide in his pocket, he is well equipped to meet all the emergencies of the lying-in room, and to give good advice concerning the after treatment of his patients. The following is the order of subjects discussed, and shows the scope of the work,—False Pains, Slow Dilatation, Inefficient Pains, Ergot, Quinine, Rupture of the Membranes, Position, The Vectis, The Forceps, The Placenta, The Binder, After-Pains, Retention of the Urine, After Delivery, Purgatives, Hemorrhage, Convulsions, Artificial Respiration, Breech Presentation, Nourishment of the Child, Retracted Nipple, Nourishment of the Woman.

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## MISCELLANEOUS NOTES.

"The American Practitioner," once published at Indianapolis, Indiana, under the title of "The Western Journal of Medicine," and since published at Louisville under the name of "The American Practitioner," is once more published at Indianapolis. An injudicious move, as all of its friends will admit.—*Am. Med. Weekly.*

**International Medical Congress.**—The Centennial Medical Commission, composed of delegates from the Medical Societies of Philadelphia, with Dr. S. D. Gross, President, and Drs. D. G. Brinton and Wm. Goodell, American Corresponding Secretaries, are actively engaged in making preparations for the meeting of the International Medical Congress in Philadelphia, to begin at noon on Monday, the 4th, and to terminate on the 9th of September, 1876. The Commission propose the following general plan for organization, etc.:

I. The Congress shall consist of delegates, American and foreign, the former representing the American Medical Association and the State and Territorial Medical Societies; the latter the principal medical societies of other countries.

II. The officers shall consist of a President, ten Vice-Presidents, four Secretaries, a Treasurer, and a Committee of Publication, to be elected by the Congress at its first session, on the report of a Committee on Nomination.

III. The morning sessions shall be devoted to general business and the reading of discourses; the afternoons to the meetings of the Sections, viz: 1. Medicine, including Pathology, Pathological Anatomy and Therapeutics. 2. Biology, including Anatomy, Histology, Physiology and Microscopy. 3. Surgery. 4. Dermatology and Syphilology. 5. Obstetrics and Diseases of Women and Children. 6. Chemistry, Toxicology and Medical Jurisprudence. 7. Sanitary Science, including Hygiene and Medical Statistics. 8. Ophthalmology and Otology. 9. Mental Diseases.

IV. The language of the Congress shall be the English, but not to the exclusion of any other language in which members may be able to express themselves more fluently.

Gentlemen intending to make communications will please notify the Commission at the earliest practicable date, in order that places may be assigned them.

The registration book will be open daily from August 31, from 12 to 3 P. M., in the Hall of the College of Physicians, N. E. corner 13th and Locust streets. Credentials must in every case be presented.

There is every reason to believe that there will be ample hotel accommodation for all strangers visiting Philadelphia in 1876. Further information may be obtained by addressing the Corresponding Secretaries.

The Executive Committee for the States are: Drs. W. O. Baldwin,

C. H. Mastin, Ala.; Henry Gibbons, T. M. Logan, Cal.; W. R. Whitehead, Col.; S. G. Hubbard, C. L. Ives, I. G. Porter, Conn.; H. F. Askew, J. J. Black, Del.; S. C. Busey, J. M. Toner, D. C.; F. D. Lente, R. D. Murray, Fla.; R. D. Arnold, Robt. Battey, L. A. Dugas, Ga.; N. S. Davis, Moses Gunn, D. Prince, Ill.; G. W. Mears, Theoph. Parvin, Ind.; R. C. Hewitt, J. D. Jackson, D. W. Yandell, Ky.; S. M. Bemiss, T. G. Richardson, S. Dickson Bruns, La.; W. W. Greene, Me.; C. M. Ellis, Chris. Johnston, N. R. Smith, Md.; H. J. Bigelow, H. I. Bowditch, E. H. Clarke, C. Ellis, D. H. Storer, Mass.; R. C. Kedzie, Theoph. McGraw, A. Sager, Mich.; C. E. Smith, A. B. Stuart, Minn.; Wirt Johnston, J. M. Taylor, Miss.; John Greene, J. T. Hodgen, J. L. Teed, Mo.; P. E. Hines, W. A. B. Norcom, N. C.; A. B. Crosby, N. H.; Wm. Elmer, Edgar Holden, T. R. Varick, N. J.; Fordyce Barker, Gurdon Buck, F. J. Bumstead, Austin Flint, J. C. Hutchison, A. C. Post, Stephen Smith, N. Y.; R. Bartholow, P. S. Conner, J. C. Reeve, O.; T. Green, A. M. Pollock, J. L. Stewart, Pa.; E. T. Caswell, E. M. Snow, R. I.; E. Geddings, R. W. Gibbes, F. P. Porcher, S. C.; W. K. Bowling, Paul F. Eve, Tenn.; Jas. L. Cabell, L. S. Joynes, Hunter McGuire, Va.; J. C. Hupp, J. E. Reeves, W. Va.; W. A. Gott, Wis.; J. K. Barnes, U. S. A.; Jos. Beale, U S N; J M Woodworth, U S Marine Hosp. Service.

**Small-pox in Cincinnati.**—At the November meeting of the Cincinnati Medical Society Dr. Quinn said that small-pox had existed in the city since January; that, although it seemed to be held in abeyance during the summer, it took a new start in September. During that month there were twenty five deaths. In October, seventy-nine. Between November first and ninth, forty-six new cases of the disease had been reported at the Health Office. Nine hundred and fifty cases of the disease and two hundred and eighteen deaths have been reported to November first. The disease is prevailing most between Plum and Sycamore streets, north of the canal. Every building in which a case has occurred has been visited by a sanitary officer, who noted the surroundings, the number exposed, ordered cleanliness and the use of disinfectants, isolation of the patient, and avoidance of unnecessary communication with those without the building. Carbolic acid had been evaporated in the rooms, clothing taken possession of and immerced in a solution of sulph.

zinc. When possession of the room could be had, fumigation had been resorted to. These measures had been instituted without the authority of law, and some opposition had been manifested.

*Lancet and Observer, Jan.*

**The Virginia Medical Monthly** is the organ of the State Medical Society, and also of the Association of Medical Officers of the Confederate States Army and Navy. On this account the November and December Nos., which contain the proceedings of the recent meetings held in Richmond, are of unusual importance. There is wisdom in this plan of publication of Transactions. By it the papers submitted at the annual meetings obtain a more extensive reading than could be secured by their presentation in separate volumes.

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## PUBLICATIONS RECEIVED.

Annual Report of the Board of Health, to the Gen'l Assembly of La. 1874.

Third Biennial Report of the State Board of Health of California, for the years 1874 and 1875.

Transactions of the 25th Anniversary Meeting of the Illinois State Medical Society, held in the City of Jacksonville, May, 18, 19, and 20, 1875.

Hermaphrodism, from a Medico-Legal point of view. A Thesis presented to the Faculty of Medicine, Paris, 1874, for the Degree of Doctor of Medicine. By Basile Poppesco. Translated from the French by Ewd. Warren Sawyer, M. D., (Harv.), Lecturer on Obstetrics, Rush Medical College, Chicago.

Electro-Therapeutics: the instruments used, their materials, scope and power, with clinical illustrations, by Z. Collins McElroy, M. D., Zanesville, Ohio.—*Lancet and Observer* reprint.

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*FEBRUARY, 1876.*

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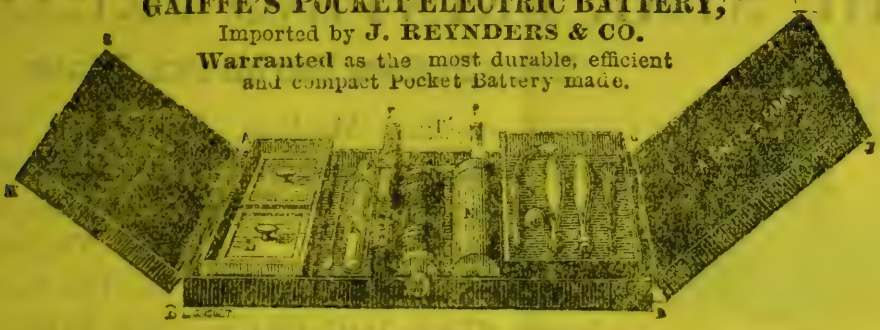

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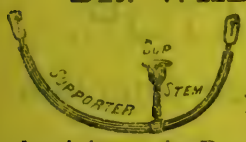


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Vol. 1. WHEELING, FEBRUARY, 1876. No. 4.

## Original Communications.

### Art. 1.—ON THE CAUSES AND TREATMENT OF ABORTION.

By DR. JOHN C. PETERS, New York City.

IN former times, apart from accidental causes, such as falls, blows, strains, heavy lifts, excessive exertion, etc., either plethora, or anæmia, or congestion, or irritability of the uterus, were regarded as the most common causes of abortion.

In latter times, local affections of the os and cervix, or more decided diseases of the placenta and membranes, have had most stress placed upon them.

Women of plethoric habit, with habitual copious menstruation, were said to be greatly inclined to abortion; also very nervous and irritable women; and those who were sedentary, fat and indolent.

Excessive irritability of the uterus was decreed to be a common cause of miscarriage, but after the fourth or fifth pregnancy, this irritability was supposed to be exhausted and the woman to go on to full term. This, with those uterine congestions which so often occur in plethoric women, and even in those non-plethoric females with chronic endometritis, were the only and predisposing causes which Cazeaux was willing to admit.

Hodge placed great stress upon an irritable condition of the uterus. He says: Pregnancy is then not apt to occur, and when it does, the irritability of the womb very generally causes much suffering during the whole period. Sometimes contractile pains and abortion occur; or the slightest motion of the fœtus becomes truly annoying; while parturition is more severe and the after-pains more common and more intense.

Byford thinks that abortion is a very frequent effect of inflammation and ulceration of the os and cervix uteri, especially when the disease is inside the cervical cavity. Conception may then occur and impregnation be complete; but after gestation has continued for a certain time abortion is apt to take place. Some of these patients abort very frequently and never have a full-term child. Others have one or more children and then miscarry ever afterward; while another class miscarry frequently, but occasionally go their full time. In some of these cases the cervical disease induces, by continuity of tissue, a congestion and arterial injection of the uterus sufficient to cause hemorrhage, producing separation of the membranes, or placenta, followed by external hemorrhage for a few hours, or several days succeeded by uterine contractions, and complete abortion. Or the increased sensitiveness of the mucous membrane may primarily increase its excito-reflex influence so as to first arouse uterine contractions, followed by hemorrhage and expulsion of the fœtus and membranes.

Thus, when the abortion is caused by congestion it is apt to be ushered in by hemorrhage followed after a variable length of time by uterine contractions; but when the expulsion is the result of increased irritability, the first symptoms are paroxysmal pains and contractions, followed, after a while, by hemorrhage and expulsion.

The congestive variety takes place most frequently at the time when the monthly congestion is added thereto; while the irritable or spasmodic variety is independent of such influence, and may occur at any time.

In the congestive form, the fœtus perishes before the expulsive efforts arise; while in the other, the fœtus remains alive until the contractions have persisted long enough to partially separate the membranes and placental attachments. Although these simple views may be true to a certain extent, yet the study of Abortion is much more difficult and complex.

Under the exciting influence of the fecundated ovum, the uterine mucous membrane and epithelium becomes the seat of wonderful changes. The mucous tissue becomes swollen and congested, soft and spongy, and, in fact, hypertrophied, especially in the epithelial layer. Not only is the epithelium increased, but the uterine glands become much enlarged; the simple ones become compound, and the whole mucous membrane shows evidence of considerable hypertrophy; and in fact is converted into the uterine decidua. The external or parietal layer of this so-called *decidua vera*, or *decidua uteri*, or *parietal decidua* presents a very shaggy appearance, from small projecting filaments, caused by the natural separation or normal tearing away of the membrane from the proper tissue of the uterus. If this normal separation takes place too rapidly or extensively, an early abortion will occur. This has been called *effluxio*, when the expulsion happens before the seventh day; and *ovular abortion*, from the seventh to the twentieth day; but both may be scarcely more severe than a very profuse and painful menstruation. These accidents are, of course, facilitated by local diseases of the os, cervix, or body of the uterus, and also, of course, by systemic diseases of the mother, such as rheumatism and syphilis; and even by congestion or excessive irritability of the womb from many other causes.

Abortion is called *embryonic* when it occurs between the first and third months; and diseases of the chorion are thought to be the most common causes of it. At the end of the first month, the whole surface of the chorion is villous, and the fœtus is only ½ inch long. At the end of the second month, the chorion is distinct from the amnion, the formation of the placenta has commenced, and the fœtus is 1½ inch long. At the end of the third month, the cord is visible, the two deciduæ are in contact, a small placenta is fully formed and separate, and the fœtus is 2½ inches long. When abortion occurs before the formation of the placenta, it is said to arise generally from a fatty degeneration of the chorion-villi, both in the cells, and walls of its blood-vessels.

When abortion supervenes from the third to the sixth month, it is called *fœtal*, and diseases of the placenta rather than of the chorion are decreed to be its most common causes. The formation of the placenta has been well studied, and we need only allude to the principal points in its development. It commences in the allantois, which is a pouch or protuberance from the inferior part of the intes-

tinal canal of the fœtus. When the allantois appears, the amniotic cavity is already so much developed that it surrounds the entire fœtus, and encloses the pedicle of the umbilical vesicle in such a way as finally to form the umbilical cord by which the fœtus is suspended in the waters of the amnion. The allantois-pouch then insinuates itself along the cord, and progresses upwards until it finally comes in contact with the deep-seated surface of the second chorion, over which it extends and finally penetrates, so that the villi of the allantois permeate and inosculate with those of the chorion. The villi of the allantois are vascular, and their essential office consists in the formation of the placenta at one point where they become greatly enlarged. At this point the villi of the chorion and allantois become much developed and hypertrophied; they spread out and ramify in every direction, and become so joined together and interlaced as to form the more or less circular and apparently compact disc, which is then called the placenta.

A variety of placental diseases may be followed by abortion. Meadows says, "diseases of the placenta are probably the most fertile causes of abortion acting through the fœtus; and undoubtedly syphilitic and fatty degeneration are the most common of these. But we may also have placentitis, hypertrophy and induration, and finally hemorrhage into it of an apoplectic character."

At the end of the fourth month, the average length of the fœtus is 5½ inches, and its weight 3 ounces. At the end of the fifth month, it is 6 inches long, and weighs about 6 ounces, but movements are plainly felt by the mother. At the end of the sixth month, the weight is about 1 ℔, and the length 9 inches. Abortion is termed *miscarriage* or premature delivery, when it happens after the seventh month, but before the full term. At the end of the seventh month, the weight is 3 ℔s., and the length 13 inches; at the end of the eighth month, the weight is 4½ ℔s, and the length 15 inches. At full term the weight is from 6 to 8 ℔s, and the length 18 to 20 inches. Premature expulsion of the fœtus is of course, more dangerous in the later months than ordinary labor, chiefly from the greater liability to hæmorrhage, which is often very great; partly from the difficulty in extracting the placenta and all the fœtal membranes. For the attachments of the placenta and membranes are less firm during the last four weeks of gestation than at any other time, as then a gradual disintegration and separation of the membranes from

the uterus is taking place. It is the absence of this normal and gradual separation which renders it so difficult to secure the mechanical detachment and expulsion of the secundines in premature deliveries.

Dr. Whitehead, of Manchester, thought that abortions were, by far, most common during the first three months of pregnancy, especially during the first month. After the third month, up to the sixth, that the greatest number took place in the fourth month, a smaller number in the fifth, and the fewest in the sixth, the proportions being as 9 is to 5 and 1; while in the last three months, only ¼ of the number of cases occurred, that presented themselves in the second three months. Thus of 20 cases, 15 would occur in the first three months; 4 in the second three; and only 2 in the last three. But in 602 recorded cases, only 35 are credited to the first two months; no less than 275 to the third month, and 149 to the fourth; while only 30 cases supervened in the fifth month; 32 in the sixth, 55 in the seventh, and 28 in the eighth. Hence, the third and fourth months, when the placenta is being formed, is the most dangerous period.

Again, the first pregnancy is not the most dangerous time, but the third and fourth, and subsequent pregnancies, and the one or two which just precede the change of life. Meadows thinks that about 1 woman in 3½ aborts; and of 327 aborting women, 166 did so once; 103, twice; 41, three times; 11, four times; 3, five times; and 1 each 6, 8, and 9 times.

When the uterus and its contents are healthy, many of the causes of abortion are reflex, and act directly upon the contractility of the uterus before there is any disease of the fœtus, placenta, or membranes. Thus an irritation may start from the alimentary canal from the presence of fæcal accumulation, ascarides, violent purgation, or diarrhœa, dysentery, etc. In these cases, the child is probably healthy and alive until expulsion is accomplished.

In another class of cases the blood of the mother is at fault. A plethoric condition may produce an apoplectic state of the uterine sinuses which form the maternal portion of the placenta. Blood is then extravasated between the ovum and the uterus and expulsion must take place. Or Anæmia, general debility, insufficient food, exhausting discharges, severe mental or bodily suffering may lessen the supply of blood to the placenta, atrophy of which, and conse-

quent death of the child may occur. Chronic lead poisoning produces a form of anæmia most fatal to the fœtus, and is attended with great contraction of the placental vessels, and most injurious blood contamination.

TREATMENT.—Of all the remedies for preventing abortion, arising either from congestion or irritability of the uterus, *cannabis indica* is probably the best. Clendenning was one of the earliest advocates of the remedy, and used it largely. He thought that it acted as a soporific or hypnotic in conciliating sleep; as an anodyne in lulling irritation; as an antispasmodic in checking cramps; as a nervine and stimulant in removing languor and anxiety, and raising the pulse and spirits, without any drawback or deduction on account of indirect or incidental inconveniences; for it produces tranquil sleep without causing constipation, nausea, or other effect or sign of indigestion, or headache or stupor.

Russell Reynolds found it to relieve neuralgia and spasms of the womb without interfering with any of the functions of organic life, or producing any of the after sufferings, or miseries which follow many opiates. It improves the appetite and digestion, sometimes inducing almost canine hunger; and has long enjoyed a reputation against menorrhagia, which I can fully corroborate from abundant experience. Dr. Lever strongly recommends it in menorrhagia and painful menstruation. Finally, Churchill found great benefit from the tincture in doses of 5 to 20 drops every 2, 4 or 6 hours, in the hemorrhage which attends abortions. If administered in pill form, it should be given in combination with soap, or some other alkali, which always increases and develops its action very much. I give internally ½ or 1 grain doses, and have occasionally seen a panic and subsequent prostration caused by 2 grain doses of good extract. Death has never been caused by it, so that the practitioner need never be alarmed when it seems to disagree; for occasionally its action sets in with a sudden strange sensation which is apt to cause trepidation, to which may be added a sensation of sinking in the stomach, with coldness of the surface and a weak, irregular pulse. Hot brandy and water, and a little cheerfulness on the part of the doctor, will soon remove all anxiety.

*Iodoform*, although discovered in 1822, and introduced as a remedy by Dr. Glover in 1837, has only attracted attention recently. It is a very powerful local anæsthetic, for a suppository containing it,

if introduced into the rectum, will so benumb the parts that defecation may take place without the patient being aware of it. It is useful in painful ulcers, even when they are cancerous, according to Dr. Horatio C. Wood, serving to alleviate pain, and to promote cicatrization. In indolent leg ulcers it operates not only as a local anæsthetic, but as a decided stimulant to nutrition and healing. Of course, its application is most promising in cases of great irritability of the uterus, and of ulceration of the os and cervix. The only drawback to its use is its disagreeable and diffusive taste and smell. I have repeatedly known suppositories of it introduced into the rectum and vagina followed by a sense of the taste of the drug in the mouth. But as the whole atmosphere about the patient is apt to become impregnated with its odor, the taste of it may have been conveyed in that way.

Opium is the remedy which is most frequently used, when abortion arises from accident, mental causes, or habit. Lever has known the exhibition of opium by the mouth, or what is better a suppository, or a cold starch injection, with opium, thrown into the bowel, and repeated every night, or oftener, followed by the best result. The application of cold, perfect quietude, and unstimulating diet should be enforced.

When abortion has taken place, especially if it has been attended with much loss of blood, opium may be given to allay excitement, tranquilize the circulation and procure sleep. In those pains which precede the establishment of labor in the latter weeks or months of gestation, opium may be given with great advantage. Many a patient, says Lever, has been carried on to the full end of her term, even after the liquor amnii has been evacuated, who, but for it, would have prematurely parted with her offspring.

But when abortion occurs from fœtal, or placental disease or imperfection, so that the premature emptying of the uterus is but an effort of nature to get rid of what she cannot complete, and if, with the discharge, there is a patent state of the os, and if the cervix be soft and loose, the exhibition of pium will only retard what, sooner or later, must take place. Dr. Meadows prefers the Liquor Opii sedativus (Battley's?) which has long enjoyed a reputation as an anodyne and sedative, superior to the tincture of opium, but as it is nearly 50 per cent stronger, the dose is therefore only 10 to 20 minims. Meadows thinks it is more soothing, less likely to disagree, and more

efficacious than any other preparation, when given in full doses of 20 to 30 drops. Squire prefers the solution of the Bi-meconate of Morphia, of the same strength and in the same dose as tincture of opium. It is supposed to confuse the head, disturb the stomach, and constipate the bowels less than any other preparation of opium. I have often preferred the wine of opium, prepared with the addition of the tincture of cinnamon and cloves; or the vinegar of opium, prepared with aromatic vinegar.

Dr. Tanner speaks very highly of assafœtida, in the troublesome cases of repeated miscarriage, occurring in weak and irritable women, in whom there is no vascular congestion, or any specific disease. Even Sydenham regarded it as an uterine tonic.

Among the numerous astringents, *Gallic Acid* is the best, and I generally rely upon it, in doses of 10 or 20 grs. several times a day.

An entirely different class of remedies, viz., *Ergot* and *Savin*, have been decreed to act as uterine tonics in a very high degree. Meadows has had no experience with the latter, but from Ergot he has seen decidedly good results. Although he thinks that the dose should be small, so as not to produce any uterine contractions, he usually orders 10 minims of the fluid extract every 4, 6 or 8 hours, for 2 or 3 weeks at least, at about the time when the abortion is expected, from previous experience to occur. But the use of Ergot seems more safe and rational under other circumstances, viz., when the hemorrhage has been so profuse as to remove all hope of saving the embryo, there being doubtless a free separation of its structures from the uterus. It will then be useful not only in arresting the bleeding, but also in exciting the uterus to throw off its contents.

*Borax* and Cinnamon have been recommended for the same purpose. As the principal action of Ergot is to cause contraction of the capillaries, and as it does not cause spasm of the muscles until the small blood-vessels have been entirely emptied of their contents, it is possible that Ergot may be used beneficially, if not always safely, in order to relieve congestion of the uterus or placental sinuses and vessels, even during the pregnant state; but Gallic acid, will always remain the safer remedy, for Dr. Ramsbotham induced labor in 26 cases at the 7th or 8th month, with Ergot alone, without interfering with the membranes. All the mothers recovered, but 14 of the children were still-born, and 8 more died soon; forming a larger infant mortality than when labor is induced in any other manner.

It is said to be useful in dropsy of the amnion, and placental apoplexy.

*Sabina* is a powerful stimulant to the uterine system which, Horatio C. Wood says, may be used in small repeated doses in *atonic* amenorrhœa, while its powers in menorrhagia, dependent upon a relaxed state of the uterine tissues, are decided to be even more pronounced. In uterine disease of a sthenic type it is strongly contraindicated. The oil is the only reliable preparation, and the dose in amenorrhœa, passive and uterine hemorrhage, is from 5 to 10 drops, repeated every 3 or 4 hours. In habitual abortion depending upon diminished vitality of the uterine system, Dr. Metsch speaks highly of it. He used from 2 to 4 drachms of the herb, in 6 ounces of hot water, and gave table-spoonful doses twice a day during the intervals of the menstrual periods only. He wisely says—"care is required in its use." I know of cases which have been relieved by Sabina, and there may be a small class of invalids in which it is the very best remedy; but like Iron in the anæmic debility of aborting women it may be well to defer its use until after other rational remedies have failed. Wood says; a generally supporting and tonic plan of treatment is required in some cases, but it may be well, as a rule, to avoid chalybeates as these are thought sometimes rather to encourage abortion than otherwise, and should that occur the practitioner may be blamed. At the same time, in cases of general atony with anæmia, ferruginous preparations are undoubtedly of great service.

Dr. Burns, of Philadelphia, speaks very highly of *Arsenic* as a hæmostatic in these cases, given in the enormous doses of 20 minims of Fowler's Solution, repeated every half hour until some decided effect is produced; for which he, doubtless, did not have to wait long.

When there is reason to suspect syphilis as the cause of previous abortions, the bi-chloride of mercury has been found valuable by Meadows; and in fatty degeneration of the placenta Sir James Y. Simpson relied upon the chlorate of Potash. Arsenic has been given for the same purpose. Fibro-fatty degeneration of the placenta is more difficult to reach, and Phosphorus has been relied upon for its cure.

**83 Madison Avenue.**

## Art. 2.—A CASE OF REMARKABLE RECOVERY FROM EXTENSIVE INJURIES.

By J. H. POOLEY, M. D.,

Professor of Surgery, Starling Medical College, Columbus, Ohio.

ON Tuesday, October 19th, 1875, I was called to see Mr. A——, German, æt. 56, who had a short time previously been injured by being caught in the belting, or other machinery attached to an upright or vertical revolving shaft in his pottery works. Upon careful examination the following were the injuries found to exist.

The right forearm was completely crushed, the bones being broken and comminuted in several places; the muscles extensively lacerated and torn; the median nerve severed and lying loose in the wound; the integuments stripped off to within an inch or two of the elbow. There were several bruises of the arm above the elbow and of the corresponding side of the thorax. There was a large irregular scalp wound extending completely across the head, just about the situation of the coronal suture. This involved only the integuments, which were dissected forwards, and hung down in the shape of a large V-shaped flap; this wound was at least twelve or thirteen inches in length.

There was an irregular, jagged wound over the left eye, just below the superciliary ridge, opening directly into the orbit. This wound was from three to four inches in length. The external angular process of the supra orbital ridge was broken off, detached, and lost, and in the wound a number of small pieces of bone could be felt, loosened, but not completely detached. The nasal bones were broken and flattened over toward the right side. The left malar and superior maxillary bones were loosened, and moved under the skin with distinct crepitus, the zygomatic process was fractured across. There had been very little hemorrhage from these injuries, and the shock was slight.

Such was the amount of bruising and stretching of the muscles of the injured arm, that it was deemed expedient to amputate above the elbow, and even here the muscles cut through had a decidedly blackened and disintegrated appearance. As the accident happened just at dusk of the evening, the amputation was performed by gaslight, and to avoid any danger of explosion, chloroform was used instead of ether, and being carefully administered by Dr. Schueller

acted admirably. Esmarch's bandage was applied, and completely answered its purpose in preventing hemorrhage, as not a drop of blood was lost during the operation, and only about an ounce by the subsequent oozing. The ordinary circular amputation was performed, and the brachial and one other large vessel ligatured before the elastic band was removed. Six ligatures were applied altogether, and the stump was quite dry and free from oozing when closed. The scalp wound was closed loosely by sutures an inch or more a part. The wound over the eye was closed by very fine sutures close together, after having attempted the removal of loosened pieces of bone which being found somewhat difficult to detach were finally left in situ. The nasal bones were straightened as far as possible by the insertion of a stiff firm director into the nostril, but no plug or other contrivance was used in the way of dressing. No attempt was made to remedy the slight displacement of the maxillary and malar bones.

In the amputation, and the dressing of these extensive wounds I had the advantage in addition to Dr. Schueller's services in skilfully administering the chloroform, of the valuable advice and assistance of Drs. Loving and Frankenberg. The wounds after the introduction of the necessary sutures were simply directed to be kept constantly wet with a solution of carbolic acid, ʒss to a pint of water, which was assiduously carried out by the patient's wife. He rested very well that night without an anodyne, and just here I may as well remark, that not one grain or drop of medicine was given to him in the whole course of the treatment, except a dose of rochelle salts on the seventh day, his bowels up to that time not having acted at all. The ligatures, with the exception of two, came away in a week; and with this exception there is really no record to make of the case whatever.

He simply got well in about two weeks without any of the usual symptoms whatever. There was no suppuration to speak of: I am sure that not one tea spoonful of pus was discharged from all these wounds together, in the whole course of the case, they all healed by first intention, even that of amputation, and a circular amputation too, the mode least likely, probably to give such a result. During the last days of October and the first two or three days of November, when he had been sitting up and going about for some little time he had a singular and very profuse attack of miliasis with slight fever.

The eruption covered him from head to foot and was very distinctive, consisting entirely of minute and perfectly clear rounded vesicles, thickly disseminated and mostly miliary in size, only a few of the largest being as large as a small split pea. They disappeared in four or five days and were succeeded by a free desquamation of the cuticle accompanied with considerable itching. Two of the ligatures remained for nearly four weeks, projecting from the healed stump, stiff and dried, with the merest trace of moisture at their point of exit, a striking commentary on the much railed-at seton-like action of silk ligatures in keeping up suppuration. The stump is an excellent one, one of the best I ever saw from any form of amputation, the little loosened fragments of bone in the supra-orbital wound gave no sign, the bones of the face became consolidated, but have left a decided flattening of the face on that side, which with the lateral deflection of his nose to the opposite side, give him a decidedly droll rather than repulsive appearance. He cannot open his mouth widely, from some displacement of the upper jaw, exactly what I am unable to say.

The rapid healing of these extensive wounds—which may well be called extraordinary, was owing no doubt in part to the excellent constitution of the patient, but is, I think, mainly owing to the constant and liberal use of carbolic acid. I have over and over again proved to my complete satisfaction the power of this agent to prevent *entirely* the formation of pus in the healing of wounds, and that too in cases such as gunshot wounds, when under the old plans there is every reason to believe the suppuration would have been both profuse and offensive.

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# SELECTIONS.

## Shortening the Foot—"Watson's Operation."

By W. W. Dawson, M. D.,
Prof. of Surgery in the Medical College of Ohio.

Presented to the Cincinnati Academy of Medicine, December 13, 1875.

In April, 1874, Patrick Heron Watson, M. D., Senior Surgeon of the Royal Infirmary of Edinburgh, communicated to the Edinburgh Medical Journal, what he called "Excision of the Anterior Tarsus and Base of Metatarsus—A New Operation." The "new

operation" consists in cutting into the foot upon the inside and upon the outside—dissecting the tissues from the dorsal and from the plantar surfaces and by disarticulating and the use of the saw, removing the affected bones in mass. The suggestion struck me, as I have no doubt it did all who read the article, with force. Surgery for the relief of diseased spongy bones has been unsatisfactory. In the foot the tarsus has been reached from the dorsum only by great damage to blood vessels, tendons etc. Séidillot's plan of "évedement de l'os" is tedious, seldom completed at one sitting, and involves always marked injury to the soft tissues in the neighborhood. The foot too, after these operations, is far from perfect—especially in

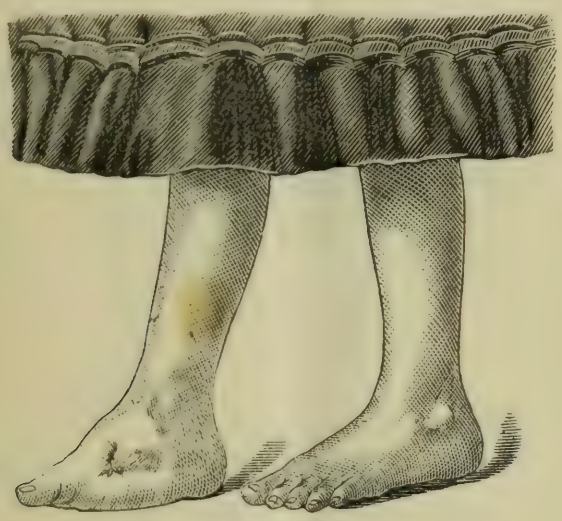

*Fig.* 1

cases where a large portion of the tarsus has been removed or a number of the bones gouged. With these considerations in view, many surgeons, where disease of the tarsus was extensive, preferred and executed one of the amputations, either Chopart's, Syme's or Pirogoff's.

I will best subserve my purpose by giving in brief the first case on which Dr. Watson operated, his plan of operation and his reasons therefor. His patient was a young man 19 years of age. "The disease was spontaneous in its origin, subacute in its progress, involving the articulations chiefly upon the inner side of the foot, between the cuneiform bones and metatarsal bones, but accompanied with symptoms indicative of involvement of the external tarso-metatarsal joints and of the scaphoid and cuneiform bones in a minor degree of the

same process. It was obvious that all the disease which required the intervention of art was confined between the base of the metatarsus in front and the astragalus and os calcis behind, and that the excision of such a section of the hard structures forming the skeleton of the foot as was bounded by the two transverse lines, of Chopart's line of amputation behind, and Hey's in front—that is to say, the scaphoid, cuboid, and cuneiform bones, and bases of the metatarsal bones —would secure the fulfilment of every requisite for sound recovery, in so far as the removal of all actually existing osseous disease, and all tension of the articulations, were concerned. There remained, however, still the question, whether the parts left behind would consolidate soundly? And even could this be answered in the affirma-

*Fig.* 2

tive, a doubt remained whether the foot thus reconstructed would be either seemly or useful. One feared that the remaining metatarsal portion of the foot and the toes might become distorted, so as to be more a hindrance than a help in walking, and that the os calcis and astragalus, should they undergo a rotation within the soft parts, as is observed in Chopart's amputation, might occasion ulceration of the soft parts corresponding to the point of tread, in consequence of disease becoming established in the anterior articular surfaces of these bones." Dr. Watson makes the following remark which shows a marked difference in the condition of the foot after his operation and that after Chopart's amputation. "The likelihood of this fibro-osseous consolidation, together with the presence of the untouched plantar fascia and powerful tendinous structures in the sole of the foot,

led me to expect that the tendency to rotation of the astragalus and os calcis within the soft parts would be less than is observed in cases of Chopart's amputation, and that thus the risk of reproduction of the disease in the portion of the tarsal bones left behind might be commensurably diminished."

Dr. Watson thus describes his excision: "The operation was effected by making an incision on the outer and inner sides of the foot, between three and four inches in length; that upon the outer side extending from the centre of the outer margin of the plantar surface of the os calcis as far as the middle of the metatarsal bone of the little toe, that upon the inner side of the foot from the neck of the

*Fig.* 3

astragalus to the middle of the metatarsal bone of the great toe. The soft parts were then carefully dissected off the dorsal and plantar surfaces of the tarsus from the outer and inner sides, until the whole extent of the osseous tissues to be removed was deprived of its soft coverings. In effecting this, the thumb of the left hand formed the guide to the point and edge of the knife keeping close to the surface of the bones, so as to avoid any interference with the important structures contained in the soft parts. A curved probe-pointed bistoury inserted between the soft parts and the bones was then carried across the line of articulation, between the astragalus and scaphoid and the os calcis and cuboid bones, first upon the dorsal and then

upon the plantar surface, so as to open up these joints. A little further use of the knife completed the severance of the bones posteriorly. A key hole saw was now introduced between the plantar soft parts and the shafts of the metatarsal bones, which were then cut through, one handle of a pair of bone forceps being inserted between the metatarsal bones and dorsal soft parts to protect the latter from injury by the teeth of the saw cutting from below upwards.

"After the operation, and before removing the tourniquet, the entire wound was plugged firmly and securely by means of pledgets of lint passed through and through the gap in the foot, and laid in closely one upon the back of the other, so as to completely fill up the aperture, and, at the same time, so closely crowded together as to secure, when pressure was applied from the outside by other pads supported by a bandage, that no bleeding should take place."

The little patient upon whom I operated in Nov., 1874, now more than one year since, was the daughter of James Christy of this city. She is now 7 years of age, and up to the receipt of the injury, which caused the disease of the tarsus, had had uninterrupted health. In May, 1873, about eighteen months previous to the operation, she was struck on the dorsum of the foot by a broom stick in the hands of a boy. The blow did not seem to be a hard one, but violent inflammation followed it, involving first the soft structures and passing thence to the tarsus. After a time the superficial inflammation upon the dorsum of the foot disappeared, but the ostitis remained together with great thickening of the soft tissues of the plantar surface. I first saw the case in July, previous to my excision; at that time there was a circumscribed abscess on the inner border of the foot. On the floor of this abscess the tarsus was found in a carious condition. Another abscess was formed, to the distal side of the first, after this was opened, the junction between the tarsus and metatarsus was found to be involved in the disease. The suffering of this child was very great, the pains at night much more severe than are usually seen in ostitis of spongy bones. The foot was exceedingly sensitive, before and for a long period after the operation.

This seemed to be a fair case for the tunnelling operation suggested by the distinguished Scotchman and in performing it I followed his directions very closely. In preparing the limb for the operation I did not apply the ordinary tourniquet, but made the operation a bloodless one by the use of Esmarch's apparatus. Dr. Watson ap-

plies the saw from below upwards, I reversed this and used it from above downwards, the advantage of this departure will be apparent; for, after the disarticulation, the foot being loosened at the mediotarsal articulation, the operator can so bend it upwards as to lessen the tension of the dorsal tendons to such a degree, that the saw can be introduced and used with much greater ease. Instead of introducing layer after layer of lint until the tunnel was completely filled up, I rolled up a piece of lint large enough to fill the opening and introduced it at once.

There was not an ounce of blood lost from the small vessels necessarily wounded in the operation.

The result of this operation has been most satisfactory. The parts seem to be completely solidified and with her shortened foot she walks without a limp. The defect in the shape of the foot will be apparent by inspecting figs. 1 and 2. The foot is without an arch, it rests flat upon the surface. This is the result of two causes. First a redundancy of plastic meterial upon the sole of the foot, this undue thickening was present at the time of the operation and has not diminished during convalescence. Second, from the great tenderness of the foot for a long time subsequent to the excision I was not able to apply a bent splint to the sole so as to maintain an arch during the solidification.

Dr. Watson in his cases bandaged a gutta percha pad "against the hollow of the foot so as to artificially maintain an arch between the posterior part of the foot and the anterior extremity of the metatarsus." Although impracticable in my patient I have no doubt of its practicability in most cases.

By inspecting *fig.* 3 it will be seen that the front view of the foot is seemly, the deformity being not so markedly noticeable.

The advantages of this operation over the dorsal incision at once suggest themselves. By it you avoid wounding vessels, tendons, everything in fact on the dorsum of the foot except the mere connection between the bones and the soft parts.

The operation is one not difficult to perform. From every aspect in which you may contemplate it, the facility with which it may be made, the thorough removal of all the affected bones, but above all the usefulness of the member afterwards, this operation must be regarded as one of the most valuable contributions yet made to the surgery of the foot.—*The Clinic.*

## Milk in the Treatment of Typhoid Fever.

PROFESSOR W. H. THOMPSON, of the Medical Department of the University of New York, in a lecture on the treatment of typhoid, after referring to the use of beef-tea, which he thinks is "more often the plague of a sick-room than any other benevolent mischief that can be named," and to that of gruels, which, though better than beef-tea, are still a sort of "starvation" diet, proceeds to state what he would substitute for them, as follows:—

Far superior to either of these in its nutritive value and in its digestibility is that liquid prepared originally for the alimentary canal before it is old enough to dissolve any solid food, namely, milk. First, as to nutritive value, there is nothing absent from milk which the system needs, while in all our sick-room preparations there are invariably some deficiencies, and, generally, lackings of what is essential to continued life. The bones waste away remarkably in typhoid fever; what is there in beef-tea or gruel for them? The nervous tissue rapidly loses bulk also; where in these articles is there the fat which this more than any other tissue needs, except the utterly indigestible boiled fat of beef-tea, which turns into caustic butyric acid in the bowels? But milk has been aptly defined as fluid flesh and bones together; still better may we add, soluble nervous matter, for it is the nervous tissue which grows fastest and most at the age when milk alone is the diet. Now we are met by the objection that milk is a very indigestible article in fever, and among the laity we often find a positive dread of it, as if it were poison to the sick. I could never understand how physicians will aim by various measures to make milk digestible to infants who have to live on it; while in fever, if it seems to disagree, from a more than infantile weakness of the stomach, they are ready to abandon the only thing in the world which can be relied upon exclusively. If we dilute cow's milk, then add sugar and a little salt, and, lastly, cream, so as to make a child, starving because it cannot digest cow's milk pure, digest it when it is thus rendered more like human milk, why should we not try the same with a starving fever patient, rather than exchange this complete food for our confessedly incomplete and clumsy preparations? I can only say, in answer, that I have never yet met with a typhoid-fever patient who could not take milk, and not only live upon it alone, but also, in marked and impressive contrast

with those cases which are fed on slops, be found at the termination of the disease with muscles and tissues still nourished enough to cause surprise even to the patient's friends. In order to make milk digestible you should remember that the chief difficulty in the way is its casein, and therefore you should aim to reduce its proportion by dilution with one half or one third of lime-water. The alkali in lime-water is a great assistant to the digestion of casein, for reasons too long for us here to explain, but, in addition, like salt, lime is both an antiseptic and an excellent agent for allaying irritability of the stomach and bowels. I have had patients take as much as six quarts in the twenty-four hours of milk and lime-water for days together, nor do I object to the mere bulk or amount of liquid which this implies, because I do not think that water is other than a need and a benefit to a fever patient, for it is the safest of all diuretics, and in this form I have never found it increase diarrhœa, but rather the opposite.

But you have still remaining a means for completing digestion, which experience leads me to rate as one of our best adjuvants in the task before us. The introduction of artificial solvents, such as pepsin and pancreatin, marks undoubtedly a real advance in therapeutics, but in no conditions does the employment of pepsin seem so much indicated as in the indigestion of fever. In fact, I have been surprised with some results from its use, which I was not looking for, namely, that it controls the typhoid diarrhœa better than any agent with which I am acquainted.—*Boston Jour. of Chemistry.*

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## Headaches of the Decline of Life.

By Dr. S. Weir Mitchell.

THESE cephalalgias are, for me, always full of suspicion. If a person who has been free of headaches begins, late in middle life, to have them, the case is usually one which will need every care we can give it.

In such cases, after excluding the eyes as a cause, it is most needful to make sure that the headache be not remotely due to albuminuria from contracted kidneys. In an article in the Philadelphia *Medical Times*, August, 1874, on the nervous accidents of albuminuria, I have already spoken of this matter, and have there given

three cases of headache, in all of which albuminuria was the unsuspected parent of the pain. But after putting aside these, and the still more common causes of headache, as gastric disorder, and the constipation of old age, there yet remain headaches which have often, I think, some relation to the causes which, in the old, produce hemiplegia.

These headaches are apt to occur on one side of the head, or to be most felt on one side when even the whole head aches. They are liable to be attended by a sense of fullness and by throbbing, and they are extremely apt to be felt every morning on awakening from sleep.

Headache is one of the near prodromes of hemiplegia, according to the books, but in my experience it is not a very common one; while as a more remote warning it has value, but is still not very frequent. I have hesitated, in these brief clinical sketches, to speculate much on the causes of symptoms, nor do I see my way here to say what it is in the state of a head with degenerating vessels which gives rise to pain; yet, practically speaking, I am sure of the fact. I every now and then meet a man who has headache and slight numbness on one side, and who may or may not have had a slight hemiplegia. I bleed this man by leeches, a few ounces. I am perfectly sure he will be free of pain and eased of numbness for some time to come. I take the blood from the temple and from the back of the ear on the worst side. The immediate connection in these regions with the brain-feeding vascular areas beneath them is clear and abundant, and it does seem as if the local depletion eased a local overplus, and that the distended vessels did not give way anew for some time to come; but this is speculation merely, while the valuable fact as to the use of leeching rests unchanged, however we explain or do not explain it. Hard, too, to fully comprehend is the other fact, as to which I am quite as sure, that in a florid man, well on in the fifties, or over them, with a strong heart, throbbing headaches and hints of hemiplegia, in the way of unilateral numbness or tingling, the leeching is made of longer use, and even of permanent value, by restricting the diet to vegetables, milk, and fruit. I could easily quote case on case in support of these assertions, but one shall answer.

A stout, somewhat ruddy gentleman, aged 61, from Delaware, called on me two years ago, with the following symptoms: a strong

pulse and heart-beat; slightly beaded radial arteries; a faint senile arc; large, tortuous, visibly full temporal arteries. An occasional increasing numbness of the left side ending in a slight hemiplegia, two years ago; but before this, and since, he had daily headache on awakening, and of late attacks of dull, throbbing ache; not worse on one side, but, when present, nearly always accompanied by a sensible over-action of the heart, and by increased left-side numbness. Cardiac sedatives and purgatives aided him none, but a full leeching gave immense relief. In three weeks it had to be done again, in two months yet again. Then I urged absolute deprivation of meat, and that has succeeded, so that only once since has he been leeched. Tobacco had something to do with the first of his headaches, and was at least potent in ability to bring one on, when used in excess; at last he learned this, and ceased to smoke as much, which presently lessened the number of attacks, but did not prevent them altogether. At last he acquired that curious cardiac sensitiveness to tobacco, which grows on some old smokers, and he was forced at last to abandon it. Nevertheless, the headaches remained.

There is one most remarkable fact in the history of neuralgic headache (megrim); it is very apt to cease as men grow old; but, also, it is apt to disappear, and return no more, in those who have had a single hemiplegic attack, however slight. I find in my notebooks seven cases of hemiplegia, three right and four left, in which are noted this most interesting peculiarity.—*Med. & Surg. Reporter.*

Turning in Pelves Narrowed in the Conjugate Diameter. —The *American Journal of Obstetrics* contains a learned paper on this subject by D. Wm. Goodell, concluding with the following propositions:—

"1. Turning should generally be preferred to the lashing of the forceps handles.

"2. In pelves uniformly contracted the forceps is the better means of delivery.

"3. In pelves narrowed in the conjugate diameter, turning should be resorted to whenever a half-hour's, faithful trial with the forceps fails to make the head engage.

"4. In pelves whose conjugates range from 2·75 to 3·25 inches, turning should be the initial step."—*American Journal of Medical Science.—Canadian Jour. of Med. Science.*

**Iodoform.**—Dr. J. H. Johnson, of Providence, R. I., writes to the *Boston Journal of Chemistry*, February No., that this therapeutic agent possesses in a wonderful degree the power of reducing inflammation, soothing pain, and rapidly healing excoriated and ulcerated surfaces, by whatever cause produced. As a topical application its healing and anæsthetic powers are unequalled by those of any known agent. I am daily using it in the form of suppositories in cases of acute vaginitis with almost magical effect, and even in inflammation and induration of the neck of the womb it has proved itself an invaluable agent in rapidly relieving pain, reducing inflammation, and softening and restoring indurated tissue to a normal condition.

I am also successfully using iodoform, in ointment form (forty grs. to one ounce ung. simplex), in painful glandular enlargements. It has, in my own practice, shown itself as efficient as iodine. In connection with the topical application of this agent I daily administer three one-grain pills, at intervals of four hours each. For all such ills as these, iodoform has accomplished much already, and is destined, as I believe, to be of greater benefit, in the hands of the physician, than any known remedy.

## CORRESPONDENCE.

PHILADELPHIA, Feb'y 4, 1876.

**To the Editor of The Medical Student:**

DEAR SIR,—Our County Medical Society has just held its annual election for Officers, and as this is the most popular Society, much anxiety has been shown that a good selection should be made. The gentlemen elected are President, Dr. Thomas M. Drysdale; Vice-Presidents, Dr. Benjamin Lee and Dr. M. O' Hara; Treasurer, Dr. Wm. Welch; Secretary, Dr. H. Leaman. This is a live body; holds semi-monthly meetings, at which very animated discussions are had upon practical subjects. At the meeting just held, a large number of new members were elected, and many more proposed.

In addition, we have the Pathological Society, the Obstetrical Society, the Ophthalmological Society, the Northern, and the Medico-Chirurgical Societies. The most venerable is our College of Physicians, which has existed since 1798, has a fine fire-proof building, an immense collection in its Museum, and a valuable and increasing Library.

In the midst of our labors this winter, we have been retarded not a

little by severe illness among our best workers. The venerable and illustrious Prof. Samuel D. Gross has been seriously ill, but I am happy to say he is at present greatly improved, and is again at his post giving the large class of students who assemble around him, the benefit of his vast stores of learning.

Prof. Joseph Carson has also been suffering severely, as also Prof. F. Gurney Smith. Both are now much better, and it is ardently to be hoped that they may long be spared to add lustre to the fame they have already acquired. Other prominent men have also been quite ill, so that it has been an unusual time of sickness among the Doctors.

The Centennial Medical Commission are still working with closed doors, and so well do they guard their doings that I can obtain nothing beyond what you have already published. They promise a full programme shortly, and I shall send you it at the earliest moment. It appears from what I can learn that they are waiting for certain acceptances from abroad before they issue their final manifesto.

I learn that the American Medical Association is to have quite a good time in a variety of ways, and this appears somewhat necessary, as the Centennial Exhibition closes each day at sunset, which will leave the host of Doctors unoccupied in the evenings. Excursions have been offered them to the sea shore and a banquet, etc., but I am not able to say what has been decided upon. I do know, however, that a very active effort is being made to obtain funds for these purposes, as I have had several books offered me in which to subscribe to the entertainment fund, and judging from said books, the effort has been remarkably successful. When a good time is to be had, Philadelphia Doctors are the men to prepare, and to pay for it.

Several changes have occurred among the corps of lecturers in the Jefferson College. I mean among the young men—the "auxiliary Faculty," if I may so designate it, though, unlike the University, the Jefferson gives these hard-working young men a very trifling standing. They are merely lecturers and nothing more.

It is to be hoped that when the new Hospital is finished, both the faculty aud trustees of this important school will study their best interests and appoint "Clinical Professors," as in the University Hospital, which will add greatly to their strength as well as inure to the benefit of the Students.

In too many instances, a professor is satisfied with having attained the object of his ambition, and cares nothing for further advancement, either of himself or his school. With some grand exceptions, our College Professors are not of those who are the workers; their names rarely appear among the contributors to our journals, and the books they prepare are few and far between. An amicable rivalry is always beneficial, and

if some of our active young men were to start a third school, it might have an excellent effect.

I have heard that a firm, or somebody is preparing an Album of Photographs of our prominent medical men for exhibition in the Centennial building. Some of these have been shown me, and if the thing is fully carried out, it will be a valuable and interesting collection. I have often thought that some enterprising man might do well if he were to secure good photographs of our most distinguished Doctors, and offer them for sale at a reasonable rate to the profession. I believe the usual rule is to wait until the man dies, and then any picture of him will do, and no one is the wiser. Thus, I have seen on the walls of brother practitioners, pictures of distinguished men, which if not labelled, might as well stand for any one else.

Expect in my next an account of the Commencements, addresses, boquets, gifts, *usque ad nauseam.*

Yours,

PHILOS.

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**University of Pennsylvania.**

**To the Editor of The Medical Student:**

DEAR SIR,—In your number for January is printed a letter, dated from Philadelphia, in which the following passage occurs;

"It would appear that the removal of the University to the other side of the river has worked badly, as that school is far behind in point of numbers."

On the contrary, it does NOT appear that the removal has worked badly, since THE MEDICAL CLASS IS THE LARGEST THE UNIVERSITY HAS HAD SINCE 1866-67.

Yours respectfully,

*X.*

Philadelphia, Feb. 2d, 1876.

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CHLORAL AS AN ANODYNE IN LABOR.—Dr. Chiarleoni confirms the statements made by Dr. Playfair and others in this country and abroad, that chloral lessens the pain of child-birth, and he believes it promotes uterine action. He thinks it especially advisable in uræmic convulsions.—*Canadian Jour. Med. Science.*

# THE MEDICAL STUDENT.

James E. Reeves, M. D., Editor and Proprietor.

FEBRUARY, 1876.


## EDITORIAL.

### THE CAUSE OF TYPHOID FEVER—A RETURN TO FIRST PRINCIPLES.

OBEDIENCE to Fashion in Medicine is often not less servile and fatal in its effects than obedience to bad fashion in dress. No matter, indeed, how absurd the new doctrine, it is sure to find a host of earnest advocates who base their support upon *experience.*

Just how many innocent, trusting patients have suffered by such advanced knowledge when employed in the treatment of disease, it would be out of all human power to tell, but the number may be safely guessed at by tens of thousands, at least. When fashion in medicine is narrowed down, to mere opinion concerning the *cause* of disease, it becomes a matter of less serious moment, perhaps, than when followed in the treatment. For example, one may believe to his heart's content that typhoid fever is caused by "effluvia from cesspools," "sewer gas," "house-drains," or "drinking water contaminated with human excreta," etc.: he may believe in either or all of these causes, and it will do no harm unless the patient is overdosed with the fashionable so-called antidotes—Brandy and Quinine, aided by starvation—for all sorts of blood poisoning.

The above named causes of typhoid fever are of latter-day origin. Nathan Smith and James Jackson, of New England, over forty years ago, did not believe in its causation by sewer gas. Indeed, there were not many sewers in those days, and the few to be found were mere pipe-stems when compared with the immense underground conduits of the present day. Dr. Jackson suspected some terrene causation, but "not at all depending upon any *filth*, or decomposing substances, since no such substances could be discovered, and since

the houses were often new, clean, in good situations, and occupied by families in easy circumstances."

Two or three years ago a whole neighborhood in the city of London was poisoned with typhoid fever, administered in milk in pint and quart doses, and since that remarkable discovery in England, American enterprise has shown several examples in proof of that mode of starting an epidemic. And the sewer-gas origin—another, and older English discovery—also the production of the disease by drinking water contaminated by leaks from privy vaults and house-drains, both of these causes have been repeatedly verified by influential American observers, and therefore, cannot be disregarded.

These reflections have been prompted by a Report made by Dr. Edwin M. Snow, Superintendent of Health and City Registrar, of Providence, Rhode Island, dated December the 7th, 1875, in which he has briefly submitted facts in opposition to the sewer-gas doctrine of causation of typhoid fever. Dr. Snow is President of the American Public Health Association, and regarded as one of the best American authorities on all subjects connected with sanitary science. He says:

Some have supposed that typhoid fever is caused by the effluvia from cesspools. But we have the general fact that there are constantly more deaths from it among the population where great care is taken to prevent this danger, than among those whose houses are constantly filled with the emanations from drains and cesspools. If sink drains and cesspools are a chief cause of typhoid fever, it would be difficult to explain, in view of the facts under consideration, why there should be two deaths from the disease in 5,400 population of the Second Ward, and only the same number in the 22,500 population of the First and Seventh Wards, many portions of the latter wards being notoriously filled with bad drains and cesspools.

It has been said, and stated very positively, that the sewers are the cause of the typhoid fever this fall. If this were a chief cause, we might ask what caused a far greater prevalence of typhoid fever in 1865, and in other years before the sewers were commenced. But as this question is of so great importance, it seems necessary to investigate it thoroughly. If the sewers cause typhoid fever, it must be in one or more of three ways: 1st, from digging up the soil in the construction of the sewers, or, 2d, from the presence of the completed sewers in the streets, or, 3d, from the connection of the sewers with the houses.

1. Is typhoid fever caused by digging up the soil in the construction of sewers? The 42 deaths in the three months were upon 35 different

streets, and in 31 cases there was only a single death on a street. If digging up the soil through a street caused typhoid fever, it would be very singular if it caused only one death on a street. There is no evidence that digging up the earth causes disease, except where it is filled with filth, or where, like in the western country, the whole soil to a considerable depth is a pure vegetable molud. There is no reason for believing that the digging up or the removal of sand or gravel ever causes sickness.

2. Does the presence of a completed sewer in a street cause typhoid fever? There would be little danger of its doing so where such effectual precautions are taken as in this city to prevent the escape of gases from the sewers. But looking at the localities of the 42 deaths under consideration, we find that in 26 of the 42 localities there are no sewers in the streets or in the neighborhood. In 16 cases only there are sewers with which the houses might be connected. But there are scores, if not hundreds, of streets in the city, where there are sewers and in which there has not been a single death from typhoid fever this year.

3. Does the connection of the sewers with the houses cause typhoid fever? On investigation I find that only five (5) of the 42 houses in which there was a death from typhoid fever were connected with the sewers. Thirty-seven (37) of the 42 houses had no connection whatever with the sewers, and in the thousands of other houses in the city that are connected with the sewers there have been no deaths from typhoid fever.

It would seem then that the sewers cannot be considered as the cause of the fever in Providence this year. In fact, in regard to all the causes named, as already stated, the evidence is negative rather than positive.

Dr. Snow's experience is supported by the experience of hundreds of observing physicians in the rural districts. If typhoid fever were confined in its prevalence to cities and large towns, and mainly expended its force at each visitation on that class of persons who, at all seasons of the year, are most exposed to sewer-gas, whose humble homes are constantly filled with the emanations from drains and cesspools, then the "sewerage theory" would stand the test; but exactly to the contrary is the rule, for it more frequently passes by the denizens of the lanes and alleys, including also those residing in the vicinity of the outlets of sewers, and attacks families in comfortable life, both in city and country, whose residences occupy, seemingly, the most salubrious positions.

The disease exhibits a marked tendency to strike down the young, recent residents, and to prevail with greatest frequency and fatality during the fall, winter, and spring months, and comes and disap-

pears, nobody knows how,—yet exactly, it seems, like scarlet fever, diphtheria, measles, chicken-pox, hooping-cough, etc., which come around in uncertain cycles, without the least trace of connection with antecedent cases, and break out in cities, towns, villages, schools, work-houses, country places and settlements, including farm houses with the very best sanitary surroundings.

For 25 years we have been particularly interested in the study of typhoid fever as it occurs within the limits of West Virginia—have witnessed, time and again, its wide spread epidemic prevalence over the most elevated country in the state—have seen it skip one neighborhood this year, but come the next and strike down scores of young people; then disappear to spring up again two or three years afterward, and, as before, count the majority of its victims among the ages from 15 to 25 years; but in each visitation always selecting a new subject, for not more frequently than in small-pox, does typhoid fever occur the second time in the same individual.*

Again, during some seasons, the disease is so mild that very few deaths occur from it; at another time, it is so terribly fatal that the simple mention of its presence produces alarm. And all this occurs far off from city sewers; where the water supply issues from the beds of mountain rocks, pure as nature can make it; where the people are well fed and comfortably clothed; and whose habitations are as cleanly as busy hands can make them.

There are many physicians in West Virginia whose experience with typhoid fever, as it habitually occurs in the rural districts, would be of the highest value to the profession if carefully reported. They have had abundant opportunity to study the natural history of the disease, and we know they are capable to make the record. Let us hear from you, gentlemen.

The Canadian Journal of Medical Science,—a new Monthly edited by Dr. Uzziel Ogden, Lecturer on Midwifery and Diseases of Women and Children in the Toronto School of Medicine, and Dr. Zimmerman, Demonstrator of Microscopical Anatomy in the same school, assistant Editor—is a welcome addition to our exchange list. In its general make up, type-face, paper, and form, the new Journal looks very much like the *Canada Lancet* published in the

* See author's Treatise on Enteric Fever. Phila., J. B. Lippincott & Co., 1859.

same city, Toronto, and at the same price, $3 per annum. The pattern, however, is an excellent one, and we congratulate the Canadian profession on their activity which has encouraged the establishment of the new Journal. We say to the editors, great good luck to you, gentlemen—which is, indeed, our sincere wish.

Braxton County Medical Society.—We congratulate the brethren in Braxton County on their successful organization, which was perfected at a meeting held at Sutton, on the 22d ult. The officers elected are Dr. John L. Rhea, President; Dr. Davison, Vice-President; Dr. Anthony Simon, Secretary, and Dr. A. N. Ervin, Treasurer. The constitution adopted announces that "this Society accepts the alopathic system of the practice of medicine only," and provides that any member consulting with eclectic, hydropathic or homœopathic physicians shall be expelled, unless in extreme cases of necessity. The rates to be charged are, for a visit of one mile $1 50, two miles $2, three miles $3, and 50 cents for each additional mile. Night visits double these rates. Obstetric cases $7, amputating a finger $5, hand $25, arm $40, leg below the knee $75, above $100, hip joint $200. The members agree not to answer a call from any one who has taken the benefit of the exemption laws of West Virginia against a brother member, unless he pays for the visit in advance.

The president, Dr. Rhea, is a veteran in the service, and the honor conferred upon him was worthily bestowed. We should be glad to have report of their further proceedings.

Small-pox Report from Cumberland, Md.—At the stated Meeting of the Alleghany County, Medical Society, January, 18th, 1876, Dr. O. M. Schindel, of Cumberland, read a paper on the recent prevalence of small-pox in that city, which was deemed of so much value that the society gave him a vote of thanks.

Dr. Schindel was one of the city physicians appointed, by Mayor Humbird, to attend cases of the disease; and he classified the 136 patients under his care as follows: *Malignant*, 3 cases—all fatal; *Flat*, 5 cases—5 deaths; *Confluent*, 48 cases—27 deaths; *Semi-confluent*, 15 cases—1 death; *Discreet*, 23 cases—all recovered; *Varioloid*, 41 cases—all recovered; *Variolous fever*, 1 case—recovered.

Concerning vaccination, Dr. Schindel was led to believe that the more remote the date of the last vaccination the less was the protection. Recent vaccinations, properly performed, gave perfect immunity. He related a striking case of the protective power of vaccination. We give it as reported to the *Med. & Surg'l Reporter*, by Dr. Wardlaw McGill, Corresponding Secretary of the Society. "A man was suffering from confluent small-pox, and on the eighth day of his disease his wife was delivered of a healthy, well-formed child. Two hours after it was born Dr. Schindel vaccinated it in three places, all of which took.

"The father, from the fact that no one would go to the house, was obliged to take care of the child, frequently taking the child into his arms. It escaped the disease entirely."

The doctor tried all of the plans of treatment which have been mentioned, but found that none of them came up to the standard claimed for them by their various authors.

At the same meeting, Drs. Ohr, Porter, Fundenburg and McCormick reported interesting Medical and Surgical cases.

## REVIEWS AND BOOK NOTICES.

MEDICAL DIAGNOSIS. By J. M. DA COSTA. J. B. Lippincott & Co. Fourth edition. For sale by Stanton & Davenport, Wheeling.

FROM its first appearance, in 1864, Prof. Da Costa's book has been unequalled in its special field of study, and is too well known to the profession to require an extended notice at our hands. The learned author never commits himself to paper unless he has something of interest to tell, and the new edition of his Medical Diagnosis has, for that reason, renewed claims to professional attention. The most important improvements made to the present volume are the excellent chapters on Nervous Diseases and on Fevers—additions, all will admit, of very great value. When a medical book has reached its Fourth edition in twelve years, that is proof of its established character.

If Medical Students 30 or 40 years ago, could have found such an interesting and safe guide to medical practice as the volume before us, they would have thought it a God send.

The publishers have issued the work in their usual handsome style. It is a splendid book, and ought to be in every physician's study.

THE BODY AND ITS AILMENTS: a Hand-book of Familiar Directions for Care and Medical Aid in the more usual Complaints and Injuries of Adults and Children. To which is added a Family Health Record. By George H. Napheys, A. M., M. D., etc. Illustrated by over one hundred Engravings and Colored Plates. Philadelphia, H. C. Watts & Co., 1224 Chestnut street. 1876. Published by subscription. pp. 438. Price $2.

We presume neither the author nor publishers of this book calculated much upon its sale to the regular profession, yet there are thousands of general practitioners who would be made wiser by its study. It is probably the best *short line* to medical knowledge ever offered to the public, and its circulation cannot fail to do good in many ways—mainly, that it will encourage respect among the masses for the regular profession, by exposing the shallow foundations of quackery; and by educating the family, aid the physician.

The "Family Health Record" part of the work, is especially to be commended by physicians. It is a sort of family-hospital register in which the mother can, with very little labor, keep the health annals of each of her children. The value of such memoranda concerning the patient's history, to the attending physician—especially if just called to the case, will at once suggest itself, and for that reason, if the book possessed no other merits, it is worthy of professional encouragement.

URONOLOGY AND ITS PRACTICAL APPLICATIONS: A guide to the Examination of Urine and its Diagnosistic value, with extracts from the works of the most modern investigators. By GEORGE M. KOBER, M. D.

This very instructive *brochure* of 107 pages, is a reprint from the *Richmond and Louisville Medical Journal*, Nos., Sept., Oct., Nov., and Dec., 1874, and dedicated to Charles H. Crane, M. D., Assistant Surgeon-General U. S. A.

In his studies, the author is fully up to date, and the labors here so conveniently and pleasantly stated will tend to improve the general knowledge on the subject.

The volume is carefully indexed, but at the close there is a fearful list of "*Errata et Corrigenda*," for which no reasonable excuse can be offered.

THE SANITARY CONDITION OF BOSTON. The Report of a Medical Commission, consisting of Chas. E. Buckingham, M. D., Calvin Ellis, M. D., Richard M. Hodge, M. D., and Thomas B. Curtis, M. D., appointed by the Board of Health of the City of Boston, to investigate the Sanitary Condition of the City.

For the copy of this interesting Report, Dr. James R. Chadwick will please accept our thanks.

"THE MIND" is the subject of an interesting introductory lecture delivered November 4th, 1875, by Dr. D. A. Morse, Professor of Nervous Diseases and Insanity at Starling Medical College, Ohio.

The learned author asks these questions—What is Mind? How is it related to matter? Is it a property of Matter? How are the Mind, the Vital, and Physical Forces related? From what stand point shall we study the mind—i. e., shall we pursue the Physiological or the Psychological Method?—and answers them in his own way.

TWENTIETH ANNUAL REPORT upon the Births, Marriages and Deaths in the city of Providence, R. I., for the year 1874. By Edwin M. Snow, M. D., Superintendent of Health and City Registrar.

ILLUSTRATED CATALOGUE OF MEDICAL, SURGICAL, AND SCIENTIFIC PUBLICATIONS for 1876. By Henry C. Lea, Publisher, Philadelphia.

## THERAPEUTIC NOTES.

RHEUMATISM. Dr. William Corson has derived much success in this disease with the following: ℞. Phosphate of ammonia ʒiss; Tincture of colchicum seeds, ℥j; Tincture aconite root, ʒij; Simple syrup, ℥iij. M.—Teaspoonful every three or four hours.—*Ex.*

FORMULÆ FOR USE IN GONORRHŒA (*Le Progress Medical*, November 6, 1875).—In cases of gonorrhœa, when the marked inflammatory symptoms have disappeared or have notably diminished, Rollet recommends the following injection: ℞. Liquor. plumb. subacetat., fʒi; Zinci sulphat., gr. vj; Vini opii, fʒss; Aquæ dest, f℥vj. M. et ft. sol. Use from three to five times daily.

CANNABIS INDICA IN POST-PARTUM HEMORRHAGE. Dr. W. Donovan (*London Obstetrical Journal*, August, 1875) says that in cases of flooding after delivery, where ergot has failed, a full dose of tincture of cannabis indica (*m. xx*) has in every instance checked the flow in a few moments. It also has the power of controlling and relieving metrorrhagia and profuse menstruation in a marked degree.

TREATMENT OF OZŒNA. We observe in *L' Union Medicale du Canada* that chloral hydrate is highly recommended in chronic ozœna. It is used as an injection into the nose. The strength is as follows: ℞. Chloral Hydrate, ʒss. Aquæ puræ, ad. ℥viij.

It is said to have cured cases of long standing which had been tried by a great number of remedies without benefit.—*Ex.*

# TO THE MEDICAL PROFESSION.

## A NEW AND IMPORTANT REMEDY.

# LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.

*The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon plastic food.*

*This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of* **Dyspepsia, Intestinal diseases of Children, Chronic Diarrhœa, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from Imperfect nutrition.**

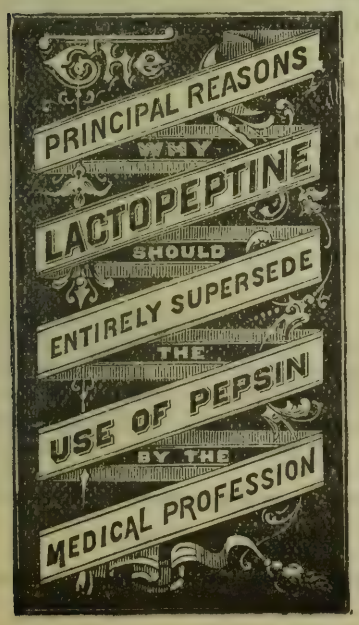
*One of the most important applications of* **LACTOPEPTINE** *is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.*

**LACTOPEPTINE,** *as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.*

### FORMULA OF LACTOPEPTINE.

| | | | |
|---|---|---|---|
| *Sugar of Milk,* | 20 *Ounces.* | *Veg. Ptyalin or Diastase,* | 1 *Drachm.* |
| *Pepsin,* | 4 " | *Lactic Acid,* | 2½ *fl. Drachms.* |
| *Pancreatine,* | 3 " | *Hydrochloric Acid,* | 2½ *fl.* " |

*Powder and Mix.*




**1st.**—It will digest from three to four times more *coagulated albumen* than any preparation of Pepsin in the market.

**2d.**—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.

**3d.**—It will change the *starchy* portions of vegetable food into the assimilable form of Glucose.

**4th.**—It contains the natural acids secreted by the stomach (*Lactic and Hydrochloric*), without which Pepsin and Pancreatine will not change the character of coagulated albumen.

**5th.**—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.

**6th.**—IT IS MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. *An ounce of Lactopeptine is, therefore fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.*

*All the statements made in this Circular are the result of repeated and careful experiments.*

The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

——oo——

The undersigned, having tested REED & CARNRICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochlric Acid, made according to published formulæ, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, *April 6th*, 1875.

J. R. LEAMING, M. D.,
Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,
Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,
Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,
Professor of Orthopœdec Surgery and Clinical Surgery, Belevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.
Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics and Clinical Medicine.

SAMUEL R. PERCY, M. D.,
Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,
Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,
House Physician Belevue Hospital

GEO. F. BATES, M. D.,
House Surgeon Belevue Hospital.

——oo——

INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of *LACTOPEPTINE*, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON., M. D.

——oo——

BRANDON, VT., March 31st, 1875.

I desire to say that I have used *LACTOPEPTINE* for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,
Late Professor of Obstetrics and Diseases of Women and Children Vermont Med. College.

——oo——

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,
BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of *LACTOPEPTINE* and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of *LACETOPEPTINE* in my own case. This was, in brief, an inherited, fostered, persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

*A large proportion of diseases are the result of imperfect digestion.*

*In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with Lactopeptine.*

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE.* She was a married lady, who five years ago became afflicted with diarrhœa, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

——oo——

NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy. H. E. HUNTER, M. D.

——oo——

WEST NEWFIELD, ME., June 14th, 1875.

*LACTOPEPTINE* seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

——oo——

WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years. JAMES M. WILSON, M. D.

——oo——

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

——oo——

EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F C. CORNELL, M. D.

——oo——

CORTLAND, DE KALB CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

* We desire particularly to call the attention of the Profession to the great value of LACTOPEPTINE when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

*One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces.*

*One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.*

CHILLICOTHE, MO., September 4th, 1874.

I have used *LACTOPEPTINE* this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used. J. A. MUNK, M. D.

——oo——

FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your *LACTOPEPTINE*, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

——oo——

WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your *LACTOPEPTINE*, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the *LACTOPEPTINE*, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered. Very truly, E. B. SMOKE, M. D.

——oo——

INDIANOLA, IOWA, December 11th, 1874,

I consider the *LACTOPEPTINE* a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the *LACTOPEPTINE* she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomting stercoracious matter; had retained no nutrition for several days. I gave the *LACTOPEPTINE* with immediate relief. Ingestion was retained I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the *LACTOPEPTINE* was his *sheet anchor*. I am now using the *LACTOPEPTINE* in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine. C. W. DAVIS, M. D.

——oo——

CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe *LACTOPEPTINE* to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, *LACTOPEPTINE* invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used *LACTOPEPTINE* in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

——oo——

MO. VALLEY, IOWA, November 12th, 1874

Some months since I saw in a medical journal a notice of your *LACTOPEPTINE*. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine did'nt hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

*One drachm of Lactopeptine will transform four ounces of Starch into Glucose.*

*Pancreatine and Diastase are more important digestive agents than Pepsin.*

## COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing *LACTOPEPTINE* as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. *LACTOPEPTINE* is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsionizing fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

——oo——

AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE *ATLANTA MEDICAL AND SURGICAL JOURNAL*, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples *LACTOPEPTINE*" was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbolic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

### TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills, Elixir, Syrup, Wine and Troaches.

*LACTOPEPTINE is also combined with the following preparations:*

### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children

——oo——

### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

——oo——

### ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

*REED & CARNRICK manufacture a full line of Fluid Extracts.*

## BEEF, IRON AND WINE WITH LACTOPEPTINE.

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

—oo—

## ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

—oo—

## ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.

A valuable combination in cases of Dyspepsia attended with Nervous Debility.

—oo—

## ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

—oo—

## SYRUP LACTOPEPTINE COMP.

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

—oo—

# FORMULÆ.

*The following valuable formulæ have been contributed by* J. KING MERRITT, M.D., *who has used them with great success in his practice :*

NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.

| | | | |
|---|---|---|---|
| ℞ | Liquid Lactopeptine, | dr. | vi. |
| | Fl. Ex. Cinchona Comp, | dr. | i. |
| | Fl. Ex. Taraxacum, | — | |
| | Tinct. Zingiber, aa | dr. | iii. |
| | Hydrochloric Acid Dilut., | dr. | i. |
| | Spts. Lavender Comp., | dr. | ii. |
| | Sulphate Quinia, | grs. | xl. |

M. *Dose.*—One teaspoonful every two or three hours.
SIG.—Quinine mixture or tonic mixture.

### REMARKS.

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.

| | | | |
|---|---|---|---|
| ℞ | Liquid Lactopeptine, | dr. | vi. |
| | Fl. Ex. Cinchona Comp, | dr. | i. |
| | Tinct. Zingiber, | dr. | iii. |
| | Spts. Lavender Comp, | dr. | v. |
| | Aromatic Sulphuric Acid, | dr. | i. |
| | Essence Menth, Pip. or Gaultheria, | gtts. | x. |
| | Sulphate Quinia, | grs. | xl. |

M. *Dose.*—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

NO. 3.—FOR MALARIAL DYSPEPSIA.

| | | |
|---|---|---|
| ℞ | Liquid Lactopeptine, | dr. fl. vi. |
| | Fl. Ex. Cinchona Com., | — |
| | Tinc. Nux. Vomica, | aa dr. xi. |
| | Spts. Lavender Comp., | oz. ss. |
| | Hydrocyanic Acid Dilut, | dr. ss. |
| | Syr. Aromatic Rhubarb, | oz. ss. |
| | Sulphate Quinine, | dr. ss. |

M. *Dose.*—One tablespoonful with water *ad libitum* at meals (before or after), and *at bed time if required;* also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, *in case the patient should suffer from positive signs of indigestion, although the dose of Formula No.* 3 *has already been taken at the meal time,* either immediately before or after eating, in accordance with the rule or foregoing instruction.

NO. 4.—FOR CHRONIC DIARRHŒA.

| | | |
|---|---|---|
| ℞ | Liquid Lactopeptine, | dr. vi. |
| | Liq. Opii. Comp. (Squibbs'), | dr. iii. |
| | Nitric Acid Dilute; or, Aqua Regia Dilut., | dr. i. |
| | Syr. Aromatic Rhubarb, | dr. ii. |
| | Pulv. Nit. Bismuth, | dr. ss. |
| | Aqua Camph., | oz. ss. |

M. *Dose.*—One tablespoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and *this rule,* should be *persisted in* for two or three days, or until the diarrhœal tendency has been entirely subdued.

——oo——

## PEPSIN—PANCREATINE—DIASTASE.

In addition to *LACTOPEPTINE* we manufacture PEPSIN, PANCREATINE and DIASTASE. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

They are all presented in a saccharated form, and are therefore very palatable to administer.

## COMP. CATHARTIC ELIXIR.

*The only pleasant and reliable Cathartic in liquid form that can be prescribed.*

Each fl. oz. contains:

| | |
|---|---|
| Sulph. Magnesia, | 1 dr. |
| Senna, | 2 " |
| Scammony, | 6 grs. |
| Liquorice, | 1 dr. |
| Ginger, | 3 grs. |
| Coriander, | 5 " |

With flavoring ingredients.

*Dose,*—Child five years old, one or two teaspoonfuls; adult, one or two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain. H. M. HARLOW, M. D.

*Private Formulas of Pills or other preparations made to order.*

**Strychnia Compound Pill.**

| | | |
|---|---|---|
| Strychnia, - - - | 1-100 | grain. |
| Phosphorus, - - - | 1-100 | " |
| Ex. Cannabis Indica, | 1-16 | " |
| Ginseng, - - - - | 1 | " |
| Carb. Iron, - - | 1 | " |

*Dose*—One to two.

A reliable and efficient Pill in Anaphrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from loss of Nerve Power. Price, 80 cents per hundred.

Sent by mail, prepaid, on receipt of price.

**Hæma, Quinia and Iron Pill.**

| | | |
|---|---|---|
| Ext. Blood, - - - - | 2 | grains. |
| Quinine Sulph., - - | 1 | grain. |
| Sesqui Oxide Iron, - - | 1 | " |

*Dose*—One to three.

Price, $2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

—oo—

## HÆMA PILLS.

We beg to present to the Medical Profession for their special consideration our several preparations of Blood Pills. The use of Blood medicinally, and the importance of its administration in a large class of diseases, has arrested the attention of many of the leading Physicians of Europe, and has received their warmest attestation. Prominent among these may be mentioned Prof. Panum, of the University of Copenhagen, who is using it with great success in the hospital of that city.

At the abattoir in this city, Boston, and in every part of the country, there can be seen numerous persons afflicted with Pulmonary Affections, Chlorosis, Paralysis, Anemia, and other ailments, who are daily drinking the blood of the ox, and many with more benefit than they have derived from any other source.

The blood used by us being *Arterialized Male Bovine only*, is secured as it flows from the animal in a vacuum pan, and the watery portion (85 per cent.), eliminated at a temperature not exceeding 100° F., the remaining mass, containing every constituent of the blood, being the base of our preparations.

HÆMA (Ext. Blood), 4 grs.

*Dose.*—Two to four.

90 cts. per hundred.

HÆMA COMP.

Ext. Blood, 2 grs.
Lacto-Phosphate Lime, 1 gr.
Pepsin, 2 gr.

*Dose.*—One to three.

$1.50 per hundred.

HÆMA, QUINIA, IRON AND STRYCHNIA.

Ext. Blood, 2 grs.
Quinine Sulph., 1 gr.
Sesqui Oxide Iron, 1 gr.
Strychnine, 1-75 gr.

*Dose.*—One to three.

$2.00 per hundred.

Samples sent to Physicians, postage prepaid, on receipt of price.

—oo—

LACTOPEPTINE and most of our leading preparations can be obtained from the principal Druggists of the United States.

—oo—

SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY SENT BY MAIL.

—oo—

**Price of LACTOPEPTINE by Mail.**

| | |
|---|---|
| One ounce sent by mail, prepaid, on receipt of . . . | $1 00 |
| One pound " " " " " . . . | 13 00 |

A fraction of an ounce or pound sent by mail on receipt of corresponding price.

—oo—

We guarantee all goods of our manufacture.

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS.

Oct. 15th, 1875. Respectfully,

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1819. 1876.

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**Regular Session begins October 1st.**

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For the coming session, the magnificent **new Amphitheatre,** at the Good Samaritan Hospital (for the exclusive use of the College), with seats elegantly arranged for **450,** and all the modern conveniences, will be ready.

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ROBERTS BARTHOLOW, M. D., *Dean.*

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JAMES E. REEVES, M. D., Editor and Proprietor.

*MARCH, 1876.*

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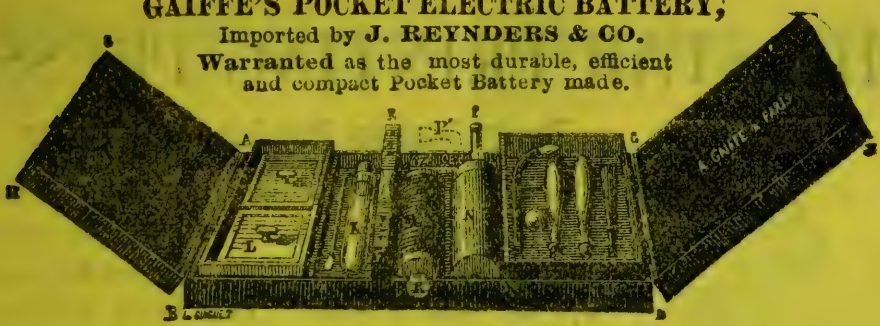

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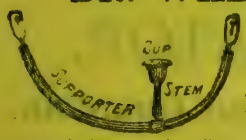


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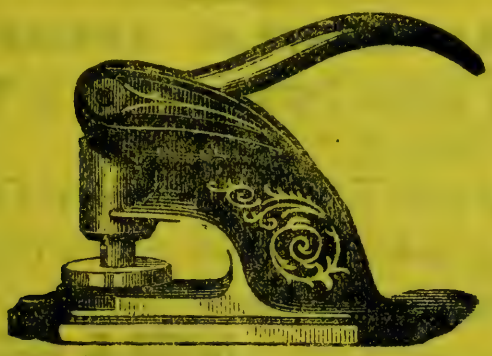

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# MEDICAL STUDENT:

A MONTHLY RECORD OF THE PROGRESS OF MEDICINE, SURGERY AND THE ALLIED SCIENCES.

Vol. 1. WHEELING, MARCH, 1876. No. 5.

## Original Communications.

### Art. 1.—THE ORIGIN AND PROPAGATION OF TYPHOID FEVER.

By S. L. JEPSON, M. D., Wheeling, W. Va,
City Health Officer.

TYPHOID FEVER is one of those diseases which, like the poor, we have always with us. Every monthly mortality report shows at least one death from this cause. And although we expect to see a larger number of cases during the autumn and early winter months, yet it would probably be safe to say that at no time is the city entirely free from it. This is the only zymotic disease of which such a statement can be made.

By an examination of a number of Health Reports in my possession, I find that during two years (1872-3 or 1873-4) the mortality from this disease, compared with the total mortality from all causes, has been greater in Wheeling than in any other city from which I have report. These are the figures,—New York 1.06 per cent, New Orleans 1.06, St. Louis 1.80, Milwaukee 1.91, Washington 2.23, Philadelphia 2.30, Cincinnati 2.50, Toledo 2.54, Providence 3.00, Dayton 3.00, Cleveland 4.54, Buffalo 4.83, Pittsburgh 4.90, Richmond 7.07, Wheeling 7.07. The large colored population in Richmond

will account for the excessive typhoid mortality in that city. Here no such cause exists. Reports from smaller cities and towns would no doubt show a larger per cent of typhoid fever mortality, as it is an established fact that this disease is one of "scattered communities rather than of crowded cities, of rural, rather than of urban districts."

The very general prevalence of, and great mortality from typhoid fever, have given a peculiar interest to the study of its causes. What is the origin of the disease? What the mode of its propagation? May it arise *de novo* from filth in any form? Is it ever propagated in any other way than by the law of continuous succession? These are some of the questions which have been warmly discussed for almost a half century, and on which the best men in the profession are still divided in opinion. I propose here not to enter upon a full discussion of the various points involved in this controversy, but rather to present such remarks and make such citations of authority, as will place the present state of the subject clearly before your readers in W. Va., whom you call upon for facts derived from personal experience in the observation and treatment of typhoid fever.

And first, what is the opinion of the profession as to the spontaneous origin of the disease? That there is a large number of intelligent observers in the rank and file who hold to the *de novo* origin of typhoid fever, is evident to any one who examines the paper of the late Dr. Derby in the Mass. Health Report for 1870. A large majority of the correspondents of the State Board, composed of the leading physicians in all parts of the State, writing in reply to the questions of Dr. Derby, Sec'y of the Board, give evidence of a belief that the disease frequently depends upon exhalations from, or the poisoning of drinking water by, the contents of privies, cess-pools, manure heaps, decaying vegetables in cellars, or decomposing vegetation on low, moist lands. Many reporters having observed typhoid to prevail extensively during seasons of drouth, when the neighboring swamps were dried up. Others testify to having seen it arise from the use of water polluted by decomposing animal or vegetable matter.

For example, one physician reports an epidemic having its starting point in a case in a small country settlement, the patient being a young woman who had not been absent from home for over a month. The spring and privy vault at this house were in close proximity, and the water was found to be polluted. Another physician reports

six cases as having occurred in one family, the vault in this instance also being found to communicate with the well. An epidemic prevailed at a girls' school at Burlington, N. J., about one year ago, the origin of which was investigated by Dr. Le Conte, (formerly Medical Inspector of the U. S. Army) and attributed to the drinking water. Two cisterns had been dug to receive only Delaware river water, but some time after their construction, spring water had been let into them without the knowledge of the authorities. Eighteen months after this, privy vaults were dug within twelve feet of the cisterns. "Three years elapsed," continues the report, "during which the poisonous infiltrations from these vaults were slowly but surely making their way down to the springs which had free ingress into the cisterns. At the end of that time the mine exploded. Pupil after pupil was seized with typhoid fever, and the school had to be closed. Two remarkable facts are mentioned by Dr. Le Conte, which prove beyond question that this water contained the *materies morbi*, and nothing else: first, that none of the servants were attacked, because they drank only tea and coffee, in which heat had destroyed the vitality of the poison; second, that of seven pupils who were exclusive water-drinkers, the enormous proportion of six were seized with the disease." (Trans. Penn. State Med. Soc'y 1875.)

Another noted instance of the production of this fever by impure drinking water, is that at the Gregory House at Lake Mahopac. Suffice it to say that in 1871, 1873 and 1874 cases of typhoid fever occurred in this house, which were each year traced to the accidental contamination of the water in the cistern, by the gases and water from an unused tank in close proximity, which contained the washings of the kitchen, in addition to decaying vegetable matter. (Sanitarian, June 1875). In Boston, previous to the introduction of Cochituate water, the typhoid deaths were 11 to 24 in 10,000 living; since the use of well water was abandoned, only 4 to 6 in 10,000. The fact that this is a rural disease would seem to lend strength to the argument in favor of the theory of its dependence upon water-pollution; since in the country, there are so many sources of contamination, such as manure heaps, vaults, decaying vegetation, etc., in proximity to the wells and springs which are the only sources of water supply.

Many careful observers believe that a malarial influence enters into the causation of typhoid, and this influence we know to be more

powerfully at work away from crowded cities and towns. The only ward of this city where we expect to find malarial fever, uniformly reports the largest number of typhoid fever cases. Liebermeister regards this disease as belonging to the "miasmatic contagious" class, along with cholera, dysentery, etc. There must be two stages of dvelopment of the poison, one within and one without the body. The discharges of the patient contain the poison, but they are innocuous when fresh. They undergo some change after exposure, whereby they acquire the power of reproducing the disease, "particularly when they come in contact with great quantities of organic substances that readily decompose, as in water-closets, dung heaps, sewers, or in damp soil rich in organic debris." (*Ziemssen's Cyclopædia.*)

Pettenkofer and Buhl have domonstrated, by observations running back fifteen years, that in the city of Munich, where this disease constantly extensively prevails, the epidemics of the fever have a direct relation to the height of the ground water; and during the period named, the degree of danger from typhoid has been correctly indicated by the depth of water in the wells. When the water was low, the mortality was high, and *vice versa.* P. believes that the fever germ is the result of "organic processes" taking place in the earth, and that the water is only an index to these. He holds that air from the soil, and not polluted water, is the origin of typhoid fever. In England, where the disease is believed to depend largely upon filth, and where "filth fever" is the common name for it, P's facts are interpreted to mean that when the ground water is low, the porous soil retains foul matters, and "the area of drainage for each well is greatly increased" and hence a larger proportion of filth finds its way into drinking water. Liebermeister's conclusions are somewhat similar: "It is evident, as a matter of ordinary experience, that, *cæterus paribus*, the water of any spring is purer the higher it is. The lower the water is, the greater must be the relative proportion of solid matters dissolved or suspended in it." (op. cit.)

But Liebermeister claims that water or air, in order to produce typhoid fever, must be not only polluted, but polluted with the specific poison derived from some previous case. Here is the question upon which so many excellent authorities differ. The summary of Dr. Derby (op. cit.) after a careful study of the causes of this disease in Mass., aided by the correspondence of many of her best physicians, contains the following conclusion: "The single continuous

thread of probability which we have been able to follow in this inquiry, leads uniformly to the decomposition of organized substances as the cause of typhoid fever as it occurs in Massachusetts. Whether the vehicle be drinking-water made foul by human excrement, sink-drains or soiled clothing, or air made foul in enclosed places by drains, decaying vegetables, or fish, or old timber, or in open places by pig-styes, drained ponds or reservoirs, stagnant water, accumulations of filth of every sort, the one thing present always is *decomposition.*" Here, it will be seen, no *specific germ* is believed to be necessary to the production of the fever. How much of the influence is what we call malarial, it would be difficult to say.

No less distinguished an authority than Murchison teaches also the doctrine of the dependence of typhoid fever on putrefaction, and embodies this doctrine in the name "pythogenic fever," which he proposes for the disease. Dr. Bowditch says: "fetid smells and impure water can alike produce typhoid fever of a virulent and fatal type." John M. Fox, an English Medical Officer of Health, says: "filth, polluting air or water, or both, is the sole, simple cause, and the removal of filth, in such a way that neither air nor water shall be polluted thereby, means the extinction of typhoid fever." [*Sanitarian, Vol.* 2.]

Flint says: "Facts warrant the belief that under certain circumstances the special cause of this disease may be a product of decomposing changes taking place in human excrement." [*Public Health Papers, Vol.* 1.]

Sir Wm. Jenner says: "There are a sufficient number of cases recorded to make it probable that the admixture of sewerage—not typhoid—with drinking water, and the breathing of sewer gas continuously for some time, especially at night, are able to produce typhoid fever *de novo.*" [*Lancet, Feb.* 1875.]

Sir Wm. Gull more cautiously remarks that "the origination of the disease is somehow or other connected with drainage. It has therefore been called the "filth fever." Hence to get rid of the filth is to get rid of the fever. [*Lecture in* 1872.] Parkes says: "That enteric fever may arise from the effluvia from sewers, is a doctrine very generally admitted in this country, and is supported by strong evidence. [*Hygiene, p.* 121.] I might occupy pages in citing authority in favor of the spontaneous generation of typhoid fever from filth, polluting air and water, but let this suffice.

Another doctrine, which now perhaps meets with more general acceptance, is that "a specific cause is necessary; that this cause is present in the intestinal discharges; and that sewers and fæcal effluvia, and fæcal impregnation of water, are the channels by which this specific cause reaches the bodies of those persons who may be susceptible." That the detritus of Peyer's glands, thrown off in the diarrhœal discharges, does contain the poison of the fever, just as do the crusts from the body of a small-pox patient, seems a natural supposition, since in the intestines is found the peculiar and constant lesion of the disease, produced, it is claimed, by the effort of the system thus to eliminate the poison. This view now meets with little opposition, and is advocated by such men as Budd, Simon, Gull, Parkes, Liebermeister, and other equally well-known and competent observers. Even those who claim that the disease may arise without the medium of a specific poison, accept this as a settled point. Flint, for example, says: "In typhoid fever the contagium is in the dejections, but facts render untenable the theory that the disease is never produced otherwise than by the introduction of a special virus into the system" [op. cit.]

That decomposing animal and vegetable matter, and especially human excrement, serves as a suitable soil for the growth of this contagium, which may thereby, by poisoning air and water, become the cause of the rapid spread of the disease, is also now generally believed, especially by those who give attention to the practical operations of sanitary science. Illustrations of this point in recent years have been so frequent, that the truth of the theory cannot be doubted. There is more doubt as to the constant *specific origin* of the disease. The many outbreaks of the disease originating in the use of contaminated water or milk, accounts of which have appeared in the journals of the past few years, the opponents of the *decomposition* theory claim were due to the fact, not of simple pollution of water or milk by the products of putrefaction, but to a *specific* pollution by typhoid excreta, and that the source of this pollution can by close observation very generally be discovered, as in the following notable instances. About 500 cases of typhoid fever occurred in 104 families in the west end of London in 1873. Of these 104 families, 96 are known to have used milk from the same dairy, while the facts as to the source of the milk supply in the other 8 families has not been ascertained. At the dairy farm two cases of typhoid had oc-

curred, and the sanitary condition of the dairy was very bad. The natural supposition was, that in washing the cans or in diluting the milk, water polluted with typhoid dejections had been used. [*Am. Jour. Med. Sciences*, Oct. 1873.]

In the same year there occurred at Brighouse, near Leeds, another epidemic which was traced to a similar source. Here 68 cases of the fever occurred, in 65 of which, milk from the same dairy had been used. [*Lancet*, Oct. 1873.] The celebrated North Boston epidemic reported by Flint to prove the contagiousness of the fever, he now believes to have been caused by drinking-water poisoned by typhoid excreta. The only families who escaped the disease, were three who did not use water from the well which supplied every other family in the neighborhood. [*Pub. Health Papers, Vol.* I.]

Many instances are also cited where the constant inhalation of sewer gas or fæcal emanations for months, and the frequent and constant use of water filled with organic impurities, have failed to cause any specific fever. Liebermeister truly remarks that "there are multitudes of houses in which the effluvia of the privies can be smelt through all the rooms, and in which the inhabitants are constantly inhaling sewer gases, and yet no case of typhoid occurs" [op. cit.] Parkes cites, among other cases, the fact that at the village of Nunney very polluted water had been used with impunity for years, when the stream supplying the town with drinking-water became poisoned by the "excreta of an enteric fever patient coming from a distant village. Between June and October 1872, 76 cases occurred in a population of 832 persons. All those attacked drank this water. All who used filtered rain water or well water escaped. The case seems quite clear, first, that the water caused the disease, secondly, that though polluted by excrement for years, no enteric fever occurred until an imported case introduced the virus." [op. cit.]

Although the origin of the outbreaks here cited seems clear, yet it must be acknowledged that it is exceedingly difficult to account for all reported epidemics in this way. Cases have occurred in isolated localities, and outbreaks in isolated houses or villages, in which no connection whatever with any previous case could be traced. Some of these we have already alluded to. There are many ways, however, in which the contagium may be carried, and some of these might escape our notice. The poison may exist in the excreta before the patient is confined to the house, or in those "walking cases"

occasionally seen, when the patient can scarcely be kept from going about. Many mild cases, too, may escape correct diagnosis. Again, the patient may have imbibed the poison of the disease away from his home, and the period of incubation may be long, and thus the origin of the fever fails to be discovered. These are, in brief, some of the arguments presented by the opponents of the spontaneous generation theory.

The question as to the contagiousness of typhoid fever, has given rise to scarcely less discussion, than have the issues presented above. Is this disease communicable by means of emanations from patients affected with it? Budd is the most enthusiastic advocate of its contagiousness, and cites cases which certainly seem to prove the correctness of his position. We will not stop to detail these. Aitken follows Budd in his argument, but fails to present a strong case. He acknowledges that "when the specific poison issues into the air from poisoned collections of excrement, sewerage and the like, the atmosphere generated is immeasurably more likely to communicate the disease, than that which immediately surrounds the fever patients." Sir Wm. Jenner says: "typhoid fever holds a low place as regards its contagious quality. The poison must be in large doses, or long breathed, or must be taken into the stomach, in order to propagate the disease." Flint holds that "if it ever be directly communicated by emanations from the person of the patient, the instances are rare exceptions to the general rule." Liebermeister's language is more emphatic: "Typhoid fever is never transmitted from person to person. A man who avoids breathing the exhalations of privies and sewers, who does not handle linen foul with typhoid dejections, who does not drink unboiled water from infected springs, is as safe in a place where a typhoid epidemic is raging, as in one where not a case of the disease exists." An argument against contagion is the fact that physicians and nurses rarely take the disease; that more than one case rarely exists in the same house at one time; that when a case is imported into a community, it rarely spreads; that when cases exist in hospitals, it manifests no disposition to attack attendants, or patients sick with other diseases. Murchison has shown that in 14 years, 2506 cases of typhoid fever were treated in the London Fever Hospital, and yet only 8 cases originated in the hospital. Chambers, in all his experience, has only known three cases to arise in hospitals.

Notwithstanding these facts, we all know that occasionally local outbreaks occur which it would be well nigh impossible to account for, on any other hypothesis than that the disease is directly contagious. Many of these have been detailed in our medical books and journals, and are familiar to the profession. The history of many others has never been recorded. One such occurred near St. Clairsville, O., a few years ago, and some of the cases I saw with my preceptor, Dr. John Alexander, a physician of large experience. The first patients were a man and wife, living on a high ridge two miles from the town. Both had been to Marietta, O., where the disease was prevailing, and were attacked soon after reaching home, and neither recovered. Within a few weeks twelve or fifteen other persons in the neighborhood were down with the fever, which was of a very severe type. All of these persons had visited the first patients. The latter were very intelligent Quakers, proverbial for cleanliness, and the sanitary surroundings of their house good. The value of this case, however, is impaired by my ignorance of the location of the vault with reference to the well, and of the length of time which elapsed before the second and succeeding cases occurred. The disease was regarded by the attending physicians as directly contagious. That polluted water was not the cause of the outbreak, is rendered more certain by the fact that no additional cases occurred in the household of the first patients, who of course used more of the water than any visitor.

Dr. Hildreth of this city gives me the following facts: A man residing across the river near this city, had been on a visit to the West; was taken ill while en route home, and soon decided symptoms of typhoid fever appeared. At his home no case of fever is known to have ever existed. Before his recovery, his wife was attacked; then a daughter, afterwards the servant girl and a son-in-law, and 8 or 10 neighbors who had been in to see the patients. Probably three-fourths of those who visited the house became sick with the fever, but none were attacked who had remained away. The source of water supply was a spring high up on the hill side, and contamination with typhoid dejections could not possibly have occurred.

Apologizing for occupying so much of your space with these hastily prepared notes, I will close by presenting a few conclusions which I believe to be fairly deducible from the facts now before the profession, touching the questions here presented.

*First.*—That typhoid fever may arise from decomposing organic matter, in the absence of any specific virus, seems probable, but additional proof is necessary to finally settle the question.

*Second.*—That decomposing matter, and especially human excreta, is a soil peculiarly adapted for the growth and multiplication of the poison of typhoid fever.

*Third.*—That the excreta of a typhoid fever patient contain the poison of the disease, and generally serve as the medium of communicating it, by polluting atmosphere or drinking-water, either directly, or by the interposition of decomposing matter.

*Fourth.*—That typhoid fever is generally very mildly if at all contagious, but in exceptional instances it seems capable of being readily communicated by direct contagion.

---

## Art. 2.—CASE OF CHRONIC PYÆMIA WITH REMARKABLE CEREBRAL SYMPTOMS.

By I. C. BERRY, M. D., Grafton, W. Va.

THE patient, T. O. I——, æt 16, was taken sick October, 1873, and after three days' suffering from nausea, intense pain in the left arm began, accompanied with considerable swelling. In a word, the symptoms were those, seemingly, of Phlegmonous Erysipelas, and the case was treated accordingly. The acute inflammatory symptoms soon subsided, but the arm remained swollen, hard, and assumed a darker color.

After two months treatment with tonics, alteratives, and local applications, the hardened tissues began to soften and break up. At some points very soft, with sharp, well defined margins. One of these places, midway between the elbow and shoulder, was lanced and a coffee-colored matter, very offensive, was discharged. Introducing the probe, it was found to reach the humerus, and even pass beyond it. The margins of these softened points seemed almost as hard as the humerus itself.

One month later, I discovered one of these softened points on the inside of the arm, at the upper third, which was promptly lanced, and resulted, as before, in a dark-colored copious discharge, of very offensive odor. At this time he had but little use of the elbow and shoulder joints; and the arm was still swollen, the skin dark-colored, and the tissues involved hard as before.

Owing to the distance of the patient's residence from my office, I could only visit him at long intervals; but at the close of the third month very little, if any, improvement had taken place. The treatment up to that time consisted in the use of Iod. Pot., Hyd. chlor. mite., Quinine, and with such local and palliative resorts as the comfort of the patient seemed to demand. Here I lost sight of the case for the next two months, when I was again called, and found an abscess just below the inner third of the left clavicle.

Opening this, a watery discharge, with coagulated pus intermingled, took place. Three weeks later, a similar abscess had broken on the opposite side, just above the clavicle at its outer third, with same character of discharge. The edges of these openings presented a jagged and inverted appearance.

At this stage of the case, cerebral trouble became manifest. The patient would sink into profound stupor, only to awake in a wild frenzy. These symptoms continued periodically for two or three weeks, when he began to improve, and I again lost sight of him. I understand, however, he has recovered, but has little use of the left arm.

---

## Art. 3.—PROF. J. H. POOLEY'S SURGICAL CLINIC,

At Starling Medical College, November 27, 1875.

**Reported by Albert M. Bleile, M. D.**

CASE 1.—J. H. McD——, æt. 30, born in Ireland. Two days ago a heavy piece of iron-rail fell on his foot, which is now considerably swollen and presents a small open wound over the metatarsal bone of the small toe. No injury to the bone could be discovered by probing.

A week later, the wound not having healed, it was enlarged and a small piece of bone removed. Dressing, dilute carbolic acid. The wound kept on discharging, and two weeks later, there being no improvement up to that time, the patient submitted to an operation. Esmarch's bandage was employed, and a deep incision made from the point of discharge around the front of the foot to a corresponding point on the under surface. Not a drop of blood was lost, and the different tissues were plainly distinguishable. The metatarsal bone of the little toe was necrosed, and that of the next bone partially so. All necrosed bone was removed, and the little toe amputated. The wound was closed by sutures—except at the lower part,

which was left open for drainage—and dilute carbolic acid dressings applied. Rather free suppuration followed, and for a few days the patient had smart fever. The use of Quinine relieved the febrile symptoms, and now, two weeks after the operation, the patient is in good health—the wound having almost healed.

CASE 2.—Mike M——, æt. 24, Irish, unmarried. Has a large bubo in left groin. Had intercourse the last time about three months ago, which was "strictly pure." Says he never had venereal disease. Ordered emollient applications, and complete rest. After a few days an incision was made and a little pus evacuated. Emollients continued for some time; then mercurial ointment well rubbed in three or four times a dry; and soon followed complete recovery.

This case is of interest in that it is non-venerial. Buboes are usually caused by venereal disease, but they may result from various other causes. Rest is essential in the treatment of bubo arising from whatever cause.

CASE 3.—M. McD——, æt. 10 years, born in U. S. Several years ago had a synovitis which was followed by anchylosis. The right knee joint is fixed giving the limb an angle of about 55° and is only slightly movable, compelling the patient to go on crutches. There are several cicatrices marking former openings into the joint, but it is not known that any bone ever came out. The patient was etherized in order to discover the extent of mobility. There are two kinds of anchylosis, the true or bony, and the false or fibrous. There are several modes of treatment—1, tenotomy; 2, gradual extension by suitable apparatus; 3, immediate forcible extension while the patient is under the influence of either chloroform or ether.

In treating synovitis it is necessary to keep the limb in that position in which it will be most useful if anchylosis should result. In case of the knee joint, the leg should be extended; of the elbow joint, the forearm should be flexed. In this patient, motion was found to be freer during anæsthesia than before; and hence it was concluded that the anchylosis was not bony. Tenotomy was advised, and performed two weeks later with good result, for the patient is now able to go without a crutch, and has but slight limp.

CASE 4.—Mrs. L——, born in U. S., married, a sufferer from ulceration of the throat which has been called cancer and treated accordingly. It began 8 years ago as an ordinary bad cold and sore throat, and soon followed ulceration and an offensive discharge which

has continued to the present. There is constant pain across the forehead which is more severe at night, preventing sleep and rest. The patient has also been the subject of rheumatic pains in the legs, with swelling of the joints. She has had no eruptions, neither falling of the hair, is pale-faced and anæmic, but not cachectic. Tongue red with prominent papillæ, is broad and shows marks of the teeth. There is glossitis and probably chronic gastritis produced by swallowing discharges from the throat. Pulse weak, 80 beats to the minute.

Inspection of the throat showed extensive but not very deep ulceration; velum and soft palate have been destroyed; tonsils almost gone; the ulceration involves the nose, and the septum nearly perforated. The discharge from the nostrils very offensive. A vaginal examination revealed several old cicatrices, and almost total destruction of the os uteri. Cancer was excluded for these reasons: 1—The long duration and superficial ulceration only with the comparatively slight amount of tissue involved. Cancer during this time would have penetrated the deeper structures and produced death. 2—The pain is worse at night, and there is frontal headache. 3—The discharge is offensive but not more so than usual in ulcerations of the mouth and throat. 4—Her husband is a dissolute fellow from whom she probably contracted syphilis.

The treatment consisted of hot vaginal injections of dilute carbolic acid. (Acid carbol. ʒj, aquæ Oj) Internally, 20 drops Tr Ferri chlor. and 10 grs. potass iod., three times a day; this dose to be gradually increased. This plan of treatment would assure the diagnosis, for if syphilis, a cure would follow; if cancer, she would grow worse. Under the treatment she at once began to improve. The iod pot. was increased to 35 grs. ter die, and when the patient left the hospital she was cured.

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**Sarcoma of the Uterus.**—At a recent meeting (Feb, 10,) of the Suffolk District Medical Society, Dr. James R. Chadwick presented a specimen of this disease taken from one of his patients, and referred briefly to the paper in which Virchow first called attention to this form of growth in the uterus, and to the cases subsequently reported by Gusserow, Hegar, Winckel, Chroback, Jenks, Hayden, and A. Simpson. He pointed out that sarcoma in the uterus differed from carcinoma in having its site in the fundus of the organ, in being more painful and more likely to be attended with hæmorrhage in the early stages, and in its slower growth.

# SELECTIONS.

## Hydrate of Chloral in Obstetric Practice.

DR. H. CHOUPPE gives (*Annales de Gynecologie*, May, 1875.) an analysis of a large number of cases, reported by various authorities, in which chloral has been employed during the progress of labor. He gives also the experience which he has had, himself, in the use of this drug as an anæsthetic during parturition. His results may briefly be summed up as follows: chloral is capable of producing well-marked cutaneous anæsthesia. It can entirely relieve the pains of labor. Even when given in such large doses as to bring about a complete state of anæsthesia, it does not diminish the contractility of unstriped muscular fibres, including the uterus. Occasionally the pains of labor are rendered less frequent, but in such cases their force is correspondingly increased, or in other words the duration of the labor is in reality shortened. In those cases where the patient has become irritable or fatigued by a prolonged labor, in which the uterine contractions are diminished both in frequency and in force, owing to what may very properly be called inertia uteri, the administration of chloral to such a degree as to produce complete anæsthesia will almost invariably restore tone to the uterus, and thus, by re establishing the frequency and force of its contractions, speedily bring the labor to a successful termination. The administration of chloral as an anæsthetic has no injurious effect whatever on the child.

The use of the drug is especially indicated in tedious labors and with primiparæ, inasmuch as it is rare to find such severe pains in multiparæ as in primiparæ. Hysterical and nervous patients are especially benefited by the use of chloral. It should be given after the first stage is completed and the expulsive pains have begun. In rare cases its use may be found advantageous during the first stage. It is best to obtain a solution so made that a teaspoonful of the mixture shall be equivalent to fifteen grains. The syrup of gooseberry is an excellent vehicle, as it effectually destroys the disagreeable after-taste of the chloral. The dose of the chloral should vary from one drachm to one and a half drachms given in two doses with half an hour's interval; or it may be given, when we do not wish too rapid an effect, in fifteen-grain doses every fifteen minutes. When its

administration is followed or preceded by vomiting it should be given *per rectum.* Its use hypodermically is altogether too dangerous to be advised.—*Boston Med. & Surg'l Journal.*

## Cimicifuga in Menorrhagia and Uterine Debility.

THE *Canada Lancet*, (Feb. 1876,) contains the following editorial paper on cimicifuga in menorrhagia and uterine debility: In the treatment of female patients, every physician of extended experience, will recognize the great frequency with which cases of uterine difficulty are met with, in which there is freedom from organic disease of the uterus, but which appear to depend upon an atonic condition of the organ with a predisposition to congestion of this and the neighboring viscera. In our experience, this class of cases has been very numerous, and during the earlier years of our professional career, peculiarly discouraging and vexatious. Hemorrhages from the uterus are unhappily of very frequent occurrence, and when uncontrolled, are liable to lead to permanent debility, or to other very untoward results. The uterus appears to be very prone to congestion which may be relieved by correspondingly excessive menstruation. It appears to be due to irritability as much as anything else, when not dependent upon any morbid changes going on in the organ. It is usually accompanied with excessive nervousness in the patient amounting in some almost to hysteria, while in others it may present the form of nymphomania. Any plan of treatment therefore which may give us perfect control of this class of cases, cannot fail to be valuable to the general practitioner.

In the remedy cimicifuga (actæa racemosa) we have an agent possessing a peculiar affinity for the uterus, and one which is also capable of removing irritability of the organ, while it acts as a neurofibrous tonic, producing contractions of its fibres, not spasmodic like ergot, but lasting and continuous. It is also sedative and proves to be a very decided hemostatic agent in uterine hemorrhages. The value of such a medicinal agent can hardly be overestimated, and especially so when combined with other agents capable of increasing its efficiency. In cases of general debility of the organ, an admirable combination is with quinine, which has a special nervine tonic influence on the uterus or plexus of nerves supplying it; with sulphuric acid as a valuable astringent addition in uterine hemorrhages,

and with cinnamon, in the form of tincture, which, in this combination, proves a valuable hemostatic. So we prescribe the tincture of cimifuga in 15 to 20 minim doses; the quinine to suit the patient's condition; the sulphuric acid (aromatic) in x *m* doses; the tincture cinnamon in ʒ j. to ʒ iv. doses, and thus we get a combination admirable in its action, and safe and unobjectionable as a remedy. Our observation and experience lead us to put much confidence in it, and we have had no reason to complain of its results in those cases treated with it in combination as above given.

In view of the characteristics presented in most cases of simple menorrhagia, and the prostrated, debilitated, and emaciated condition which results, we believe it to be principally dependent upon uterine relaxation, and as such we think the indication is fully met in the cimicifuga. Iron and its preparations will not do it, their specific action over the uterus is to produce and promote congestion of the organ. Ergot is not a tonic at all, but is merely spasmodic in its effects, leaving the fibres of the uterus more relaxed. Mineral acids and quinine are astringent and tonic to the general system, but lack the elective affinity which gives to cimicifuga its special value in uterine hemorrhages. Cinnamon is a valuable hemostatic and as such is in great favor in this class of cases among some physicians, but it lacks permanence in its effects not being possessed of tonic properties.

The cimicifuga is a good arterial and nervous sedative, and as such is valuable in a congested condition of the organ, and in hysteritis with the peculiar nervous excitability and irritability which accompanies any uterine disturbance, while in debility of the uterus —a very common complaint—it is valuable from the universal verdict of those, at all acquainted with its properties in that it has a special affinity for, and is a special stimulant to the uterus.

Our attention was first directed to this remedy by a narrative of its beneficial effects among slave women in the South, given by a fugitive and rebel who had escaped to Canada as a Southern refugee. He had been possessed of a large plantation in Louisiana, near New Orleans, and employed a goodly number of people in its cultivation.

The habit of miscarriage was regarded as a serious matter among slave owners, and the enfeebling effects of uterine hemorrhages were considered in their pecuniary sense as a serious loss in view of the incapacity and loss of labour which they occasioned. However, he

said the "granny" of the negro quarter knew what to do in such cases, and would collect the root of the cohosh, and having made a strong infusion of it, would administer it with remarkable results. It was claimed by him that miscarriage was principally due to debility of the uterus, although some untoward circumstances might prove an exciting cause; hence, to prevent miscarriage or overcome the habit of aborting, a protracted use of the remedy was necessary, and seldom failed in securing the desired results.

Cimicifuga, in the form of tincture, seems to be the most desirable preparation, as the alcohol dissolves effectually the gummy extract in which the therapeutic value seems to reside. The following will serve as a general model, on which the combination mentioned may be prescribed:—℞. Quiniæ sulph. grs. viij.; Acid sulph. aromat, ʒiv.; Tinct. cimicifuga, ʒiv.; Tinct. cinnamomi, ad ℥iv.—M. Sig.—Two teaspoonsful three times a day. As a substitute for ergot in flooding, it may be administered in ʒss. doses with sulphuric acid (dil. or aromatic) repeated every hour or two as the urgency of the case may demand. Numerous cases could be placed on record to illustrate and establish the beneficial action of this drug, but we forbear as a trial is sufficient.

Cimicifugin, the active principle, is given in doses of one to three or four grains as a nervine tonic and sedative, and has been recommended (besides in uterine affections and protracted labour as a substitute for ergot) in nervous and rheumatic affections, as chorea, epilepsy, sciatica, lumbago, acute and chronic rheumatism, and in bronchitis and pulmonary affections. Its usefulness in hysteria and uterine affections due to weakness, is of the most marked description. No remedy has been so much neglected and overlooked, and yet none is more truly deserving the confidence of the profession.—*The Canada Lancet.*

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## Salicylic Acid in Acute Rheumatism.

BY CHARLES P. PUTNAM, M. D.

THE JOURNAL for February 10th refers to the lately published cases of rapid recovery from acute polyarthritic rheumatism with salicylic acid. The following case is quite as striking as Traube's.

Alice B., five years old, was thoroughly chilled while skating on February 5th, and for several days after had a hot skin, a coated tongue, and no appetite. On the 9th she lay on the bed most of the day. On the 10th she remained in bed. On the 11th, in the morning, her pulse was 120, her temperature (axillary) 102.7°. In the evening, pulse 131, temperature 103.5°. During the latter part of this day she complained much of pain in the muscles of the thigh, in the groin, and in the ankles. She would not move her lower extremeties, and could be moved only with great pain. Skin dry. No swelling nor redness of any joints or of other parts of the body. On the 12th the general state was as before; pulse 120, temperature 103°. During the day the hands became painful and sensitive, and the knuckle-joint of the third right-hand finger was slightly swollen and rose-colored.

On the 13th, pulse 130, temperature 102. 7°. She had slept somewhat, with five grains of Dover's powder, but the pain and tenderness of the extremities had increased very much, so that the patient lay quite helpless, cried out when touched, and was moved only with the greatest difficulty. Most of the joints of the hands and feet, especially the joints between the first and second phalanges of the right hand and foot, were swollen and rose-colored. Movement of the jaw also caused pain.

Salicylic acid was prescribed, five grains in wafers every hour when the patient was awake. The treatment was begun at two P. M., and eleven doses, making almost one drachm, had been given at ten A. M., next day. No tinnitus aurium was observed by the patient. After the first three doses there seemed to be some improvement, for though the physical appearances remained unchanged, the patient's spirits were better.

After the seventh dose she went to sleep, and was quiet most of the night, only waking often enough to take two more doses. In the morning she turned over in bed, moved the bedclothes with her hands, and wanted to be dressed.

On examination it was found that the redness had left all the joints; they could be moved without pain, and only a moderate œdematous swelling marked the affected parts. The patient complained only of slight itching of the hands and face.

At ten A. M., pulse 120, temperature 101.6°. At six P. M., pulse 124, temperature 102.4°. Five grains of salicylic acid were order-

ed every two hours during the night, but only three doses were given, as the patient seemed quite comfortable, and slept. On the 15th (forty-eight hours after treatment began) the temperature was 99.9°.

*Boston Med. & Surg'l Journal.*

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## Uterine Decidua expelled without Metrorrhagia—signs of Internal Hemorrhage—probable Extra-uterine Fetation.

DR. FEREOL (in *Archiv. de Tocologie*, January, 1876) relates the particulars of a most interesting case of this nature. The patient, a sempstress, aged twenty-five, was confined of her first child when twenty, and of her second when twenty-three, after which she had a serious attack of pelvi-peritonitis, lasting three months. The catamenia had not appeared the last two times. On July 20th she was perfectly well. During the day, whilst seated at work, and without any appreciable cause, she experienced severe pain in the lower abdomen, necessitating her going to bed, where she remained two days. On the 23d, she went out, and on her return the pain became extremely intense, and she fainted and vomitted.

When taken to the hospital on the 26th, she was exsanguine, of a deathly pallor, in an almost incessant state of syncope, vomiting everything that was given her. The pulse was small, thready, 120. The abdomen was distended, tympanitic, extremely tender. There had been no external hemorrhage. *Per vaginam:* The uterus was found to be immobile, the cervix patulous, an intestinal swelling being detected in the right posterior cul de sac.

Brandy and ice were administered in small quantities at a time, and the patient rallied somewhat.

On the 28th, two days after admission, on examining *per vaginam*, membrane was found free in the vagina, there not being the least trace of blood.

The membrane was triangular, thick villous on one of its faces, presenting upon the other well marked glandular apertures, evidently decidual.

The patient convalesced very tardily, but ultimately did well, an intercurrent attack of pleurisy on both sides, necessitating thoracentesis on the left side, retarding recovery.—*Obstet. Jour. Great Britain & Ireland.*

## Diphtheria not caused by Bacteria.

DR. J. LEWIS SMITH, in an article upon diphtheria, draws the following conclusions: Clinical observations, of which during the last fifteen years there has been a great abundance, do not substantiate the theories advanced by Oertel, Buhl, Hueter, and other experimenters, that diphtheria is caused by bacteria. The author considers the cause of diphtheria to be something more subtle than the existence of these parasites, a substance not yet discovered, which so alters the tissues and the blood that these become a nidus in which the bacteria are easily and quickly developed, so that from being few and innocuous in the system, they occur in myriads.

Diphtheria, in most instances, is at the start a local malady, occurring from the lodgment of the diphtheritic poison at some point upon the mucous membrane, or upon the skin denuded of its epidermis, or upon an open sore. When thus localized it may by proper local treatment, applied early, be cured, and the system remain unaffected.

When the disease has a local commencement and the system becomes infected, this result occurs by the absorption of some of the morbid product, through the absorbents, or capillaries, or both, which connect with the seat of disease upon the surface. What this substance is which thus infects the system and produces the constitutional symptoms of diphtheria is unknown; and the relations of this substance to bacteria on the one hand and to septic poison on the other must be determined by future investigations.

There can be little doubt that the diphtheritic poison sometimes enters the system through the lungs in inspiration. Two modes of systemic infection are thus recognized by inoculation upon one of the tegumentary surfaces, and through the lungs; modes in which other acute infectious diseases, as scarlet fever and measles, can be communicated.

It is customary to classify diphtheria with the acute infectious diseases. There are some points of difference however. It often occurs, for instance, in a secondary as well as in a primary form. Instead of being incompatible with other distinct morbid processes, diphtheria sometimes engrafts itself upon them. In New York, most cases of secondary diphtheria occur as complications of scarlet fever and measles. An interesting fact has been several times

observed by the author, that diphtheria originating upon the inflamed surface in scarlet fever or measles may become dissociated, and spread as an independent malady. Thus, in one family, three children affected with severe anginose scarlet fever took also diphtheritic pharyngitis before the efflorescence on the skin had disappeared. A few days subsequently, diphtheritic pharyngitis appeared in the father without scarlet fever.

There is no doubt that there is a membranous croup quite distinct from diphtheria. At the present time, when the diphtheritic poison is so abundant in the atmosphere, we have certainly few cases of membranous croup which are not diphtheritic or do not become so. The explanation of the comparative infrequency of membranous croup may be that the exudate of true croup, by offering a nidus in which the diphtheritic virus lodges and multiplies, becomes transformed into a diphtheritic inflammation, just as we see scarlatinous pharyngitis become diphtheritic.

From the above views of the author as to the pathology of the disease, we should naturally expect to find an early topical treatment recommended as of the utmost importance. Clinical observations teach us that the gravity of this malady is in most instances proportionate to the severity of the local manifestations, at least in the commencement of the disease. If, therefore, we can limit the exudation to a small surface, or can remove it so that the inflammation from croupous becomes catarrhal at an early stage of the disease, the patient is probably safe. We destroy thus also the very inoculable specific virus contained in the diphtheritic membrane, the source of the greatest danger we have to contend against, namely, the communication of the disease to others; auto-infection is also prevented, for it can hardly be doubted that diphtheritic laryngitis, to which patients are so liable, not unfrequently originates from a transference of the virus from the surface of the pharynx to that of the larynx during inspiration. Another result which the author expects to accomplish by the local use of disinfectants, is the prevention of blood poisoning, whatever that poison may be. Local treatment should not be painful. The day of escharotics and powerfully irritating applications has passed; and the expression "burning the throat," so often heard in families, is a misnomer as applied to the treatment of the present times.

**Treatment.**—The mode of treatment employed by the author in his private practice, and by which he has saved a much larger proportion of cases than he had been able to cure by any other measures which he had previously employed, was the following: As soon as the case comes under observation, the following mixture is applied every second or third hour over the fauces by one or two applications of a large camel hair pencil:—Acidi carbolici, gtt. vj.–x.; Liquoris ferri subsulphatis, ʒiij.; Glycerinæ, ℥j. M.

If there is discharge from the nostrils indicating diphtheritic inflammation of the Schneiderian membrane, a little of the same mixture diluted with an equal quantity of warm water is injected into each nostril every three to six hours. To do this, the child is placed upon its back, with the head thrown backward and the eyes covered with a towel, to prevent the liquid from entering them. A small glass ear or nostril syringe, with a knob or button at the end of the nozzle, is the best form of instrument for these injections.

One third to one half of a teaspoonful of the diluted mixture is a sufficient quantity to employ for each nostril. This application, properly made, prevents decomposition, removes the offensive odor, and, that which is of the greatest importance, prevents blood-poisoning; it immediately arrests the movements of the bacteria, and probably destroys them, as the author has observed in experiments with the microscope.

Quinine in doses of one to two grains, according to the age of the patient and severity of the case, is administered about every fourth hour, and each hour in the interval half a teaspoonful to one teaspoonful of the following:—Potassæ chloratis, ʒj.–ij.; Tincturæ ferri chloridi, ʒj.; Syrupi simplicis, ℥iv. A little chlorine is set free in the above mixture, and the quantity may be increased by adding a few drops of dilute muriatic acid. No drinks are to be allowed for a few minutes after its administration, or after the use of the brush; by this precaution, the lotion is not washed away too quickly from the fauces.—*Boston Med. & Surg. Jour.*

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## Typhoid Fever: Treatment with Salicylic Acid.

SALICYLIC ACID has been used with marked benefit in reducing the temperature in typhoid fever, though it seemed to be given without advantage in fevers of the hectic variety. One case

of typhoid had progressed badly for three weeks. Baths had been administered at intervals, but the principal result obtained was the depression of the temperature for a few hours after such baths. It was decided to administer salicylic acid as an experiment, and for this purpose fifteen grains of the drug were given every two hours. Before administration the temperature was 106°, and twenty four hours after, it had fallen to 101°. After two days, convalescence occurred.

In another case of the same fever the salicylic acid was given in sixty-grain doses once a day. The temperature fell from 104° to 101°, and at the end of two days the patient passed into convalescence. The remedy has been used so far in four cases, and in each with success.

The method of administration is fifteen grains given every two hours. In one case transient deafness came on, caused apparently by the acid. In giving salicylic acid, the solution is found the most acceptable to the patient, as the bulky character of the powder is liable to give rise to nausea.—*New York Med. Journal.*

## CORRESPONDENCE.

### From Philadelphia.

February 29, 1876.

**To the Editor of The Medical Student:**

DEAR MR. EDITOR,—I find a "correction" in your last. All I have to say is that opinions differ on that as well as other points.

The sickness among our prominent M. D's is abating. The distinguished sufferers are all improving, and several of them are quite well. It is with deep regret that I have to chronicle the death of the estimable wife of Prof. Gross. At his age, and just now when he is called to do so much work for the profession, and is enjoying so many well-deserved honors, this affliction must be doubly trying. All we can do, is to show him our heartfelt sympathy, and this he receives from every quarter.

A State Board of Health law has been proposed in our State Legislature, but as far as I can learn it has not a ghost of a chance. Economy is the objection! These Solons are unable to see how much wealth is lost to the state by preventable diseases and deaths. If some of our epidemics could single out such useless lumber and rid the body politic of them, then we might see room for gratulation at their failure to give

us such sanitary measures, and might understand their immense wisdom. Unfortunately, however, the wise and good, the useful citizens and the innocent children must suffer for their folly. All this was well portrayed in a paper read by Dr. B. Lee, of this city, before the Am. Public Health Assoc'n at its meeting in Baltimore, last November, and which, by the way, we understand gave terrible offence to the Board of Health of Philadelphia, whose toes were thus subjected to pressure. What else can we expect, when we select as our rulers men who are ignorant, and have, with few exceptions, shown themselves failures in everything but politics?

On this point, I find the Secretary of the Am. Med. Assoc'n is directed to report each year—what states have Health-Boards, which refuse to create them, etc. I suppose he is doing his work as ordered, and memorializing the State authorities on this subject, and I shall look with much interest for his report at the session to be held in this city next June.

That will be a big time. The Committee of Arrangements are expecting an overwhelming delegation from every state. Let them come. I have faith to believe that Philadelphia will receive them hospitably, though amid the enormous tax upon the funds of the profession, I believe it will be impossible to give the usual entertainments upon such occasions.

This year will be for our city so full of matters of interest that many think no effort should be made by the profession specially to entertain any of the bodies that will assemble here, and for the further reason that each association will be of huge proportions. As far as I can learn, the various committees keep their own counsels, and consequently nothing is yet known as to what course they intend to pursue.

The College Mills are now at work, but unfortunately unlike the mills of the Gods, they grind neither slow nor fine. Hence early in March we will "commence" enormously.

Our two schools of Dental Surgery have just graduated a large class each. In this respect, dentistry has made a grand step forward. These D. D. S's are rapidly driving out the old uneducated, unskilled, "tooth carpenters" of former days, and the Dentist has become an honored professional brother. The offices of several in Philadelphia are the most charming places in every way; supplied with every appliance, and with the most recent improvements—a delightful parlor indeed, where it is really refreshing to sit and think of some one else having his teeth "fixed." You know that means, well—it is by no means toothsome, so I will bid you adieu.

PHILOS.

### From Columbus.

February 24th, 1876.

DEAR SIR,—I had the pleasure last evening of attending the Commencement exercises of Starling Medical College, and seldom has it been my good fortune to be present on a more thoroughly enjoyable and interesting occasion of the kind.

The Commencement took place in the Opera House, the largest and most commodious public hall in the City, and even before the exercises began, it was well filled by an audience finely representative of the wealth, fashion, and intelligence of Columbus.

Among the notabilities present I noticed Gov. Hayes, and many of the Senators and Representatives from the houses of the Legislature now in session here, Judges of the Supreme Court, etc., etc. On the stage were the Trustees and Faculty of the College, the Faculty of the Ohio Agricultural and Mechanical College, prominent physicians, etc.

After the presentation of Diplomas, Dr. A. M. Bleile, a member of the graduating class, delivered a valedictory which deserves a very high place among such productions often so tedious to the hearers, though interesting to the youthful orator and his friends. But this effort was short, well-written, well-delivered, and in excellent taste.

The audience then listened to an address by Mr. M. D. Conway, the well-known writer and lecturer on the scientific spirit of the age, with personal reminiscences of some of the eminent living scientists of London. It was a scholarly and finished production, appropriate to the occasion, and commanded the marked attention of the audience. After a short address to the graduates by Dr. J. H. Pooley, Prof. of Surgery, the exercises closed. Excellent music filled up the intervals of the evening's entertainment, which was pronounced by all present to be one of the most enjoyable of the winter in Columbus.

Old "Starling" and her friends are to be congratulated on this evidence of life and interest which all feel to be full of promise for the future. For the last thirty years she has been among the best representatives of thorough medical culture among our western colleges, if not in the whole country. Long may she continue to flourish! adding each year fresh pages of new achievement to the good record of the past.

And would it not be really be better if more of our young men would begin their medical education at home schools instead of flocking to the East, where far from home and its social restraints they are more exposed to temptation, and waste their time in sight-seeing. Besides, if at least the rudiements of medical science are acquired they can then go to eastern colleges—if go they must, though I cant see the necessity of such course—better prepared to profit by their advantages.

Yours Respectfully,

MEDICUS.

# THE MEDICAL STUDENT.

**James E. Reeves, M. D., Editor and Proprietor.**

MARCH, 1876.


## TRANSACTIONS OF STATE SOCIETIES—THEIR VALUE.

THE Philadelphia *Medical Times*, of February 19th, contains an editorial leader on this subject which is so full of good sense and truth, that we are quite sure it will meet the hearty approval of a large majority of the members of medical societies in all the states. If it had been specially written for the benefit of West Virginia, it could not have offered better advice; and we hope the Fellows of the State Society soon to assemble in this city, will take due notice thereof and govern themselves accordingly.

The *Times* says: "Nearly all of these volumes contain a good deal of matter which is of interest and well worthy of publication; but, on the whole, the chaff is in such abundance as to make gleaning laborious. The amount of money which is yearly expended upon the printing of Transactions, of very little or no value, in the United States, must be enormous. It seems to us that it would be far better if every County or State Society would subscribe to some journal, to be supplied *en masse* to its members, printing nothing but the merest outline and business minutes, and turning into a useful channel the yearly sum now bestowed upon the typographer."

We are very confident that if the members of the State Society could see the value assigned to the last volume of Transactions by the various medical journals to which it was sent for notice, they would henceforth either cease publishing "the chaff" or determine to rise to a higher and more praiseworthy level than has hitherto been accorded to their annual proceedings. For example, that staid but usually kind hearted old critic, the *American Journal of the Medical Sciences*, after devoting *ten lines* to the three most meritorious papers of the volume, says, in the January issue,—"We hope the society will in future aim at a little higher standard of type, paper,

and proof-reading. The issue is not very comely, and the value of its material is impaired by very many typographical errors. The twenty pages of advertisements at the end should not have been admitted."

And this is about the most favorable notice we have seen of the untidy offering sent out from West Virginia last year, at a cost of over $150. The aggregate amount of money expended for the printing of the yearly Transactions since the organization of the Society at Fairmont, in 1867, has probably not fallen short of $1,000, and for what? We venture the belief that not a man could be found, in the state or out of it—except, may be, some one of the contributors who might want an extra copy to complete his file—who would be willing to give *fifteen cents* for the lot of "chaff," or certainly not more than the market price of old waste paper.

There is no telling the various purposes and uses, noble and ignoble, which the Eight Volumes thus far published have accomplished. Some of them may be found lying about the counters of Bar-rooms, in the dust and dirt of Livery Stables, and elsewhere equally out of professional place—the proprietors of the establishments referred to having favored (?) the volume with their business cards, and, of course, received marked copies in return. In addition, we know several private families in this city who have been honored with "Complimentary" copies of the most illustrious Numbers of the set.

Our neighbors in Old Virginia pursue a sensible course. They send their proceedings to their home journal—The Virginia *Medical Monthly*—for publication, and in that way not only save large expense for printing, etc., but insure an extensive reading of their papers.

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Typhoid Fever.—The present No. opens with an excellent résumé of the different opinions at present entertained concerning the "Origin and Propagation of Typhoid Fever," by Dr. Jepson, of Wheeling. This is the first instalment in reply to our request made in last month's issue for West Virginia experience, and we hope

since Dr. Jepson has so creditably to himself opened the way, other papers on the same subject will soon follow.

We have heard by private letters that typhoid fever has prevailed to an unusual extent in several of the interior counties of the State during the past four months; that in some neighborhoods the disease was of very malignant type, while in others it was remarkably mild and therefore easily managed. In the region of country round about Arnettsville, Monongalia County, Drs. Howell and L. S. Brock have recently seen much of the disease, and we should be glad to have report from them. In every direction of the State there are valuable stores of hard-earned experience locked up with private practitioners, who have had excellent opportunities of studying the causes, nature, and treatment of typhoid fever. While we pen these lines, we have in our mind's eye Drs. Wm. J. Bland and T. B. Camden, of Weston; Dr. A. S. Warder, of Pruntytown; Dr. Joseph L. Carr, of Clarksburg; Drs. A. J. Clark, M. Campbell and R. P. Davis, of Parkersburg; Dr. M. S. Hall, of Harrisville; Dr. W. H. Sharp, of Volcano; Drs. H. W. Brock and Jos. A. McLane, of Morgantown; Dr. E. D. Talbott, of Phillippi; Dr. Jas. H. Brownfield, of Fairmont; Dr. W. M. Dent, of Newburg; Dr. J. W. McSherry, of Martinsburg; Dr. S. B. Stidger, of Cameron; Drs. G. W. Bruce and E. C. Thomas, of Moundsville; Dr. Elias S. Bronson, of French Creek; Dr. John L. Rhea, of Braxton; Drs. W. J. Bates, John Frissell, Richard Blum, R. W. Hazlett and several others in this city. And there are many more whose names we should mention if space permitted, who have had equally large experience, and who are under as many obligations to the profession to record what they have seen in practice. Again we say, let us hear from you.

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American Medical Association.—The Twenty-seventh Annual Session will be held in the city of Philadelphia, Pa., on Tuesday, June 6, 1876, at 11 A. M.

Secretaries of Medical Societies are earnestly requested to forward, *at once*, lists of their delegates, in order that the Committee of Arrangements may be enabled to form some idea of the number likely to be present.

The following Committees are expected to report:—On Mechanism of Accommodation of the Eye, Dr. D. S. Reynolds, Ky.,

*Chairman*; On New Remedies, Dr. Austin Flint, Jr., N. Y., *Chairman*; On the Medical and Surgical Uses of the Aspirator, Dr. E. S. Gaillard, Ky., *Chairman*; On Influence of Climate on Pulmonary Diseases in Minnesota, Dr. Franklin Staples, Minn., *Chairman*; On the same in Colorado, Dr. Chas. Denison, Col., *Chairman*; On the same in Florida, Dr. E. T. Sabal, Fla., *Chairman*; On Proper Legislation to Prevent the Spread of Syphilis, Dr. Samuel D. Gross, Pa., *Chairman*; On Prize Essays, Dr. Samuel D. Gross, Pa:, *Chairman*; On Necrology, Dr. S. C. Chew, Md., *Chairman*; On Rank of Medical Corps of the Army, Dr. H. A. Johnson, Ill., *Chairman.*

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Typhoid Fever in the South.—At a late meeting of the Mobile Medical Society, Dr. F. A. Ross, the President of the Society, was asked by Dr. Oliphant what his experience had been in regard to the frequency of typhoid fever in Mobile. Dr. Ross replied that "the disease was unheard of in the South long after the North had been frequently scourged with it. According to his recollection, the first case reported as occurring in the South was in 1840, by a physician at Vicksburg, Miss. At the time of this publication Dr. Ross was a student in the hospitals in Philadelphia, under the late Dr. Gerhard, and well remembers that gentleman calling in question the accuracy of diagnosis in the case reported at Vicksburg. Prof. Gerhard then gave it as his opinion that if typhoid fever ever made its appearance at all in the South, it would be a mild disease as compared with the same malady further North. Dr. Ross soon after this settled in Mobile, and though he watched closely, it was not until 1843 that he saw a case. And the number of genuine well-marked cases seen by him during his entire residence in Mobile would not amount to more than a dozen cases."

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The United States Medical Directory.—It is proposed to prepare a second revised edition of this work. Physicians who have commenced practice, or changed location during the past three years (other than those whose addresses are on the subscription lists of the *Med. & Surg. Reporter*) are requested to forward notice of such change to Dr. D. G. Brinton, office *Med. & Surg. Reporter*, Philadelphia.

Spring and Summer Lectures.—There are many good reasons which might be offered in favor of this course of medical lectures. The lectures do not crowd so closely upon each other; there is more time to read up and study the subject of each lecture; and there is usually more room at the hospital bed-side, from the smaller number of students in attendance at the clinics. Besides, there are fewer temptations in the city in summer than during the winter time. See advertisement in this Number of the Summer Course at the Medical College of Virginia, Richmond, which begins, Tuesday, March 14th.

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Iodoform for Sore Nipples.—Nothing we have ever tried for the cure of sore nipples has done so much good as the following ointment:—℞ Iodoform ʒss–j; Lard, Simple Cerate, aa ʒij.—M. Apply it as often as the child is taken from the breast. Before suckling, wash the nipples thoroughly with soap and water. Great improvement may be expected in twelve hours from the time of the first application. The iodoform fills the house with its unpleasant odor, but, as one of our patients remarked the other day, "that is nothing when compared with the sweet relief the medicine affords."

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West Virginia University.—This Institution, situated at Morgantown, is a just source of pride to every citizen of the State. Indeed, it is one of the best schools in the whole country for young men,—because of the healthfulness of the locality; the superior facilities for instruction in every branch; and the economical, disciplinary and other advantages which it affords. A point of very great importance to parents and guardians, is the fact that the medical and surgical attendance at the University represents the highest order of professional talent and skill in the State.

The Spring Term begins the 29th inst. For Catalogue, and satisfactory information, address any of the Regents, or John W. Scott, D. D. LL. D., Acting President. See advertisement in this Number.

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Dr. Thomas M. Logan, Secretary of the State Board of Health of California, died at Sacramento, February 13th. He was one of the most distinguished physicians in the State of California. In 1872, he was elected President of the American Medical Association.

Reliable Medicines.—It may be of interest to some of our readers to know that Messrs. Logan, List & Co., Wholesale Druggists and Prescriptionists, of this city, are prepared to supply all orders for William R. Warner & Co's justly celebrated Pharmaceutical Preparations—Sugar-Coated Pills, Officinal Preparations, Fluid Extracts, Elixirs, Wines, etc. We call the attention of country physicians especially to the institch-circular which accompanies this Number.

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Physicians' Combined Call-Book and Tablet.—We have received from the author, Dr. Ralph Walsh, 324 Four and a Half St., Washington, D. C., a copy of this useful and convenient little book, just issued. It is worth all the other "Visiting Lists" we have seen. Price $1,50.

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## THERAPEUTIC NOTES.

**Therapeutic Action of Chlorate of Potash.**—In one section of a long communication on this subject, which is not yet concluded, M. Isambert demonstrates very satisfactorily that chlorate of potash does not undergo any change in passing through the body, neither losing oxygen nor chlorine, but being eliminated *en masse* by the secretions. This view is supported by the observations and experiments of MM. Laborde, Milton, and Gambarini, but it is opposed on theoretical grounds by MM. Berthelot and Gubler, who believed that, like the iodides, it undergoes decomposition.—*Gazette Medicale de Paris.*

**Antispasmodic Pills.**—The London *Medical Record* gives the following formula:

℞.—Pulv. assafœtidæ,
Pulv. camphoræ, . . aa. ʒ vj.
Ext. belladonnæ, . . . ℈ ij.
Pulv. opii, . . . . ℈ j.
Syrupi, . . . . . q.s.
M. Ft. in pil. No. clxxx.

One to be taken the first day, two the second, and so on until six are taken daily, or two, three times a day. Useful in hysterical and spasmodic nervous affections, in connection with bromide of potassium in doses of ten to fifteen grains.—*Canada Lancet.*

**Medicated Ice in Scarlatina.**—In a short communication to the *Lancet* (Jan. 8, 1876), Mr. Edward Martin says: "Every practitioner has at times to face the dfficulties of the scarlatinal throat in young children. It may sadly want topical medication; but how is he to apply it? Young children cannot gargle, and to attempt the brush or the spray often fills them with terror. In many cases neither sternness nor coaxing avails. If the doctor thinks it is his duty at all hazards not to leave the throat untouched, the child is subjected to a struggle and a fright which probably render the proceeding more productive of harm than good. If, on the other and more wiser side, he, when persuasion fails, goes no further, he is haunted by the feeling of not having done all that might have been done for the case. Most of us at times have been impaled on the horns of this dilemma. Yet these little ones in almost every case will greedily suck bits of ice, as I doubt not most of your readers can testify. This has long been my chief resource where I could not persuade the child to submit to the sulphurous acid spray. Lately I have been trying an ice formed of a frozen solution of the acid (or some other antiseptic), and I think my professional brethren will find it a valuable addition to their means. Though, of course, not so tasteless as pure ice, the flavour is so much lessened by the low temperature, and probably also through the parched tongue very little appreciating any flavour whatever, that I find scarcely any complaint on that score from the little sufferers; they generally take to it very readily. The process of making it is so simple that a few directions to any intelligent nurse will quite suffice; or in urban practice the chemist who dispenses the other prescriptions will undertake this one also. A large test-tube immersed in a mixture of pounded ice and salt is the only apparatus required, and in this the solution is easily frozen. When quite solid, a momentary dip of the tube in hot water enables one to turn out the cylinder of ice as the cook turns out her mould of jelly. I have tried the three following formulæ, all of which answer, though I think I prefer the first:—

"1. Sulphurous acid, half a drachm; water, seven drachms and a half: mix and freeze.

"2. Chlorate of potass, one scruple; water, one ounce: dissolve and freeze.

"3. Solution of chlorinated soda, half a drachm; water one ounce; mix and freeze.

"However, the form is of secondary importance, and each practitioner can construct his own. Boracic acid, salicylic acid, or any other harmless antiseptic with not too much taste, would, doubtless, be as useful as those I have indicated. It is the idea of applying them in the shape of 'medicated ice' that I recommend to the profession, with the belief that it is of practical value."—*Monthly Abstract Med. Science.*

# TO THE MEDICAL PROFESSION.

## A NEW AND IMPORTANT REMEDY.

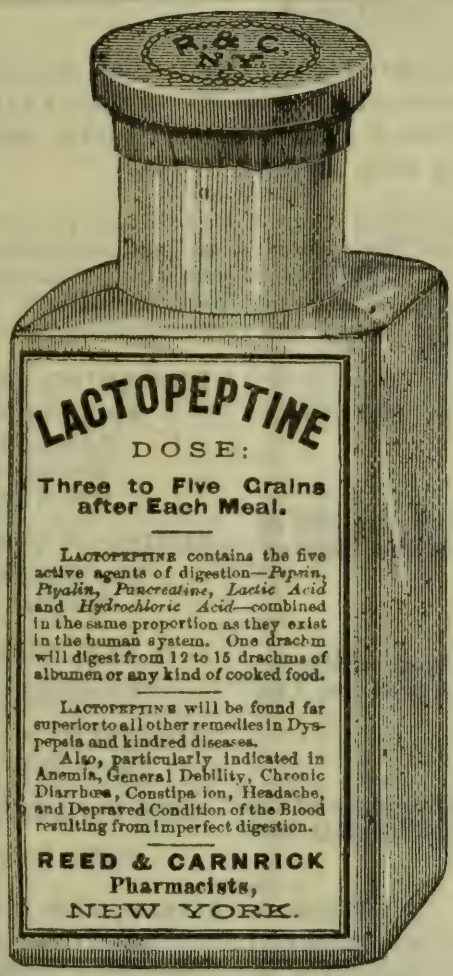
# LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.

*The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon plastic food.*

*This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of* **Dyspepsia, Intestinal diseases of Children, Chronic Diarrhœa, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from Imperfect nutrition.**

*One of the most important applications of* **LACTOPEPTINE** *is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.*

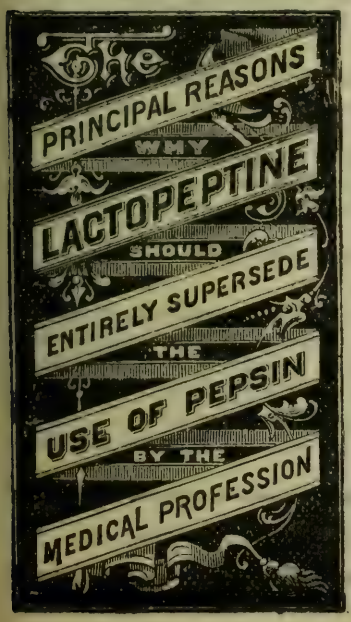



**LACTOPEPTINE,** *as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.*

### FORMULA OF LACTOPEPTINE.

| | | | |
|---|---|---|---|
| *Sugar of Milk,* | 20 *Ounces.* | *Veg. Ptyalin or Diastase,* | 1 *Drachm.* |
| *Pepsin,* | 4 " | *Lactic Acid,* | 2½ *fl. Drachms.* |
| *Pancreatine,* | 3 " | *Hydrochloric Acid,* | 2½ *fl.* " |

*Powder and Mix.*




**1st.**—It will digest from three to four times more *coagulated albumen* than any preparation of Pepsin in the market.

**2d.**—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.

**3d.**—It will change the *starchy* portions of vegetable food into the assimilable form of Glucose.

**4th.**—It contains the natural acids secreted by the stomach (*Lactic and Hydrochloric*), without which Pepsin and Pancreatine will not change the character of coagulated albumen.

**5th.**—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.

**6th.**—IT IS MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. *An ounce of Lactopeptine is, therefore fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.*

*All the statements made in this Circular are the result of repeated and careful experiments.*

The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

——oo——

The undersigned, having tested REED & CARNRICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochlric Acid, made according to published formulæ, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, *April 6th*, 1875.

J. R. LEAMING, M. D.,
Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,
Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,
Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,
Professor of Orthopœdec Surgery and Clinical Surgery, Belevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.
Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics and Clinical Medicine.

SAMUEL R. PERCY, M. D.,
Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,
Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,
House Physician Belevue Hospital.

GEO. F. BATES, M. D.,
House Surgeon Belevue Hospital.

——oo——

INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of *LACTOPEPTINE*, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON., M. D.

——oo——

BRANDON, VT., March 31st, 1875.

I desire to say that I have used *LACTOPEPTINE* for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,
Late Professor of Obstetrics and Diseases of Women and Children Vermont Med. College.

——oo——

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,
BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of *LACTOPEPTINE* and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of *LACETOPEPTINE* in my own case. This was, in brief, an inherited, fostered, persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

*A large proportion of diseases are the result of imperfect digestion.*

*In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with Lactopeptine.*

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE.* She was a married lady, who five years ago became afflicted with diarrhœa, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

——oo——

NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy. H. E. HUNTER, M. D.

——oo——

WEST NEWFIELD, ME., June 14th, 1875.

*LACTOPEPTINE* seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

——oo——

WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years. JAMES M. WILSON, M. D.

——oo——

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

——oo——

EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

——oo——

CORTLAND, DE KALB CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

* We desire particularly to call the attention of the Profession to the great value of LACTOPEPTINE when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

*One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces.*

*One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.*

CHILLICOTHE, MO., September 4th, 1874.

I have used *LACTOPEPTINE* this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used. J. A. MUNK, M. D.

—oo—

FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your *LACTOPEPTINE*, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

—oo—

WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your *LACTOPEPTINE*, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the *LACTOPEPTINE*, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered. Very truly, E. B. SMOKE, M. D.

—oo—

INDIANOLA, IOWA, December 11th, 1874,

I consider the *LACTOPEPTINE* a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the *LACTOPEPTINE* she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomting stercoracious matter; had retained no nutrition for several days. I gave the *LACTOPEPTINE* with immediate relief. Ingestion was retained I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the *LACTOPEPTINE* was his *sheet anchor*. I am now using the *LACTOPEPTINE* in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine. C. W. DAVIS, M. D.

—oo—

CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe *LACTOPEPTINE* to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, *LACTOPEPTINE* invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used *LACTOPEPTINE* in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

—oo—

MO. VALLEY, IOWA, November 12th, 1874

Some months since I saw in a medical journal a notice of your *LACTOPEPTINE*. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine did'nt hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

*One drachm of Lactopeptine will transform four ounces of Starch into Glucose.*

*Pancreatine and Diastase are more important digestive agents than Pepsin.*

## COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing *LACTOPEPTINE* as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. *LACTOPEPTINE* is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsionizing fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—oo—

AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE *ATLANTA MEDICAL AND SURGICAL JOURNAL*, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples *LACTOPEPTINE*" was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbolic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

### TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills, Elixir, Syrup, Wine and Troaches.

*LACTOPEPTINE is also combined with the following preparations :*

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This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children

—oo—

### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

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## ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

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## SYRUP LACTOPEPTINE COMP.

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

—oo—

# FORMULÆ.

*The following valuable formulæ have been contributed by* J. KING MERRITT, M.D., *who has used them with great success in his practice :*

NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.

| | | | |
|---|---|---|---|
| ℞ | Liquid Lactopeptine, | | dr. vi. |
| | Fl. Ex. Cinchona Comp, | | dr. i. |
| | Fl. Ex. Taraxacum, | — | |
| | Tinct. Zingiber, | aa | dr. iii. |
| | Hydrochloric Acid Dilut., | | dr. i. |
| | Spts. Lavender Comp., | | dr. ii. |
| | Sulphate Quinia, | | grs. xl. |

M. *Dose.*—One teaspoonful every two or three hours.
SIG.—Quinine mixture or tonic mixture.

### REMARKS.

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.

| | | |
|---|---|---|
| ℞ | Liquid Lactopeptine, | dr. vi. |
| | Fl. Ex. Cinchona Comp, | dr. i. |
| | Tinct. Zingiber, | dr. iii. |
| | Spts. Lavender Comp, | dr. v. |
| | Aromatic Sulphuric Acid, | dr. i. |
| | Essence Menth, Pip. or Gaultheria, | gtts. x. |
| | Sulphate Quinia, | grs. xl. |

M. *Dose.*—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

NO. 3.—FOR MALARIAL DYSPEPSIA.

| | | |
|---|---|---|
| ℞ | Liquid Lactopeptine, | dr. fl. vi. |
| | Fl. Ex. Cinchona Com., | — |
| | Tinc. Nux. Vomica, | aa dr. xi. |
| | Spts. Lavender Comp., | oz. ss. |
| | Hydrocyanic Acid Dilut, | dr. ss. |
| | Syr. Aromatic Rhubarb, | oz. ss. |
| | Sulphate Quinine, | dr. ss. |

M. *Dose.*—One tablespoonful with water *ad libitum* at meals (before or after), and *at bed time if required;* also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, *in case the patient should suffer from positive signs of indigestion, although the dose of Formula No.* 3 *has already been taken at the meal time,* either immediately before or after eating, in accordance with the rule or foregoing instruction.

NO. 4.—FOR CHRONIC DIARRHŒA.

| | | |
|---|---|---|
| ℞ | Liquid Lactopeptine, | dr. vi. |
| | Liq. Opii. Comp. (Squibbs'), | dr. iii. |
| | Nitric Acid Dilute; or, Aqua Regia Dilut., | dr. i. |
| | Syr. Aromatic Rhubarb, | dr. ii. |
| | Pulv. Nit. Bismuth, | dr. ss. |
| | Aqua Camph., | oz. ss. |

M. *Dose.*—One tablespoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and *this rule,* should be *persisted in* for two or three days, or until the diarrhœal tendency has been entirely subdued.

——oo——

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| Senna, | 2 " |
| Scammony, | 6 grs. |
| Liquorice, | 1 dr. |
| Ginger, | 3 grs. |
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|---|---|---|
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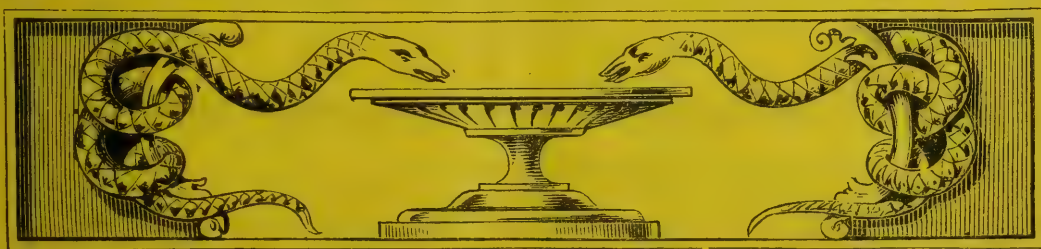

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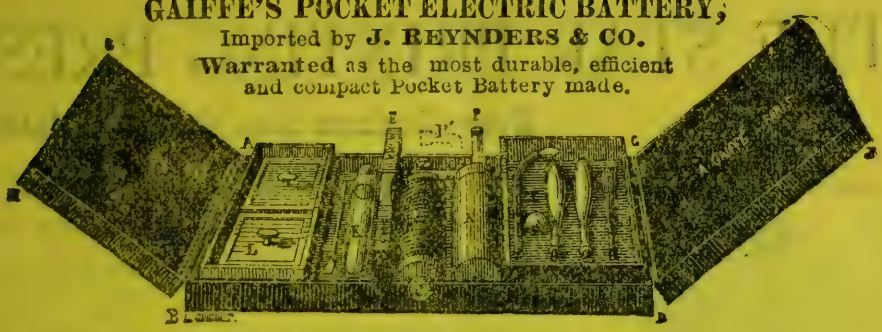

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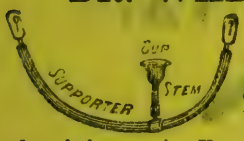


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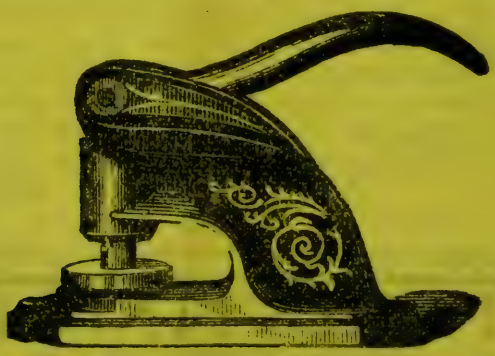

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A MONTHLY RECORD OF THE PROGRESS OF MEDICINE, SURGERY AND THE ALLIED SCIENCES.

Vol. 1. WHEELING, APRIL, 1876. No. 6.

## Original Communications.

### Art. 1.—CLINICAL OBSERVATIONS ON DEFICIENT UTERINE INVOLUTION.

By WESLEY H. SHARP, M. D., Volcano, W. Va.

TO practitioners of midwifery, there are few more interesting and certainly no more important subjects than that of the process of involution—a process by which the greatly hypertrophied pregnant uterus, having accomplished its carrying, returns to the size and condition of the non-impregnated state.

Of late years this process of absorption and atrophy has been so carefully studied, that the changes which take place in the tissues of the uterus and its appendages—the causes which may interrupt this process, as well as the diseases which interfere with its completion, are now precisely set forth in most of the later works on diseases of women.

We generally see our patients a few times after the confinement to be assured that the lying-in promises to be normal; after that, the case is left to the nurse to whom a few general instructions are given, and the case dismissed. During the first two months following confinement, the process of involution is to take place by which the

uterus is reduced in size from 22 to 24 ounces to from 1½ to 2½ ounces, or from having a surface of from 350 square inches to 5 or 6 square inches. The decrease in weight as shown by the table of Dr. Heschl, quoted by Tanner, [Signs and Diseases of Pregnancy,] should be as follows:

| | | | | | |
|---|---|---|---|---|---|
| At delivery | Uterus weighs | from | 22 | to | 24 ounces. |
| " end of first week | " | " | 19 | " | 21 " |
| " " " second | " | " | 10 | " | 11 " |
| " " " fifth | " | " | 5 | " | 6 " |
| " " " eighth | " | " | 1½ | | 2½ " |

Coincident with this change in the body of the uterus, there is also going on a process of shrinkage or contraction in the broad ligaments and the vagina, by which the normal condition is reached.

If the patient belongs to the better class, there is generally observed a period of rest varying from 3 to 6 weeks; if to the middle or laboring class, the period of lying-in rarely exceeds 10 days, about which time she resumes her accustomed labors. If involution has taken its normal course, been subject to no interruption, the patient at the end of the second month, should have no feeling of discomfort in the pelvic region from which she was not a sufferer before pregnancy, neither leucorrhœal or hemorrhagic discharges; but if involution has been interrupted, she will feel that her recovery has not been complete, and complain of symptoms which, to the experienced physician, will at once indicate that the uterus is in a diseased condition, or, in the language of Sir James Y. Simpson, "there is a hypertrophy of the uterus which is pathological in its permanency, but which results from a hypertrophy purely physiological in its origin."

This hypertrophy is a condition which, if not relieved, is certain to give rise to a number of disorders which entail upon the patient much suffering, and some of them may be incurable. During the past 25 years this subject has been thoroughly examined. Dr. Barnes, in his late work, discusses its importance as bearing on the causation of chronic uterine disease. In my own practice I have met with a few cases of defective involution, the records of which I shall use to illustrate the subject.

In January, 1872, I attended Mrs. X——, in her second confinement. The labor was natural, lasting only five hours, and the lying-in was not marked by any untoward symptoms. The patient had

always been healthy, and led an active life. About the middle of April, 1872, she consulted me for the relief of a constant pain in her back, with a sense of weakness and bearing down in the pelvis,—said she had "been *unwell*" ever since she got up from her confinement, and that every second week the flow was unusually profuse. She stated that these symptoms had come on shortly after getting up, and were increasing in severity. Thinking the symptoms were due to debility, I prescribed iron, strychnia and ergot. Saw her several times up to the middle of July, when she reported no improvement, but was doing general house-work and nursing her child. At that time made an examination and found the uterus enlarged, but could not readily feel it through the abdominal walls owing to her corpulency. The os was so very patulous that I could easily introduce my fore-finger; the uterus somewhat retro-verted, and tender to the touch, but no leucorrhœa. The sound passed to a depth of 3¾ inches: no eversion, erosion or inflammation of the cervix, but it was much thickened or hypertrophied, and the vaginal wall was greatly relaxed.

During the next six or eight months I tried a variety of local applications; continued the internal administration of iron, quinine, strychnia and ergot; and improvement followed. After this time the menstrual periods came at proper intervals, and the displacement was relieved. But after stopping the treatment for several weeks the former symptoms returned, and in a little while her condition was as bad as at any previous time. During the summer and fall of 1873, I made weekly applications of tincture of iodine to the uterine cavity, introduced a Hodge pessary, and every fourth day injected ergotin hypodermically into the abdomen. Under this plan of treatment the uterus diminished in size, the os contracted, the menorrhagia ceased, and the patient was discharged relieved of all her distressing symptoms; but I had her to continue the use of the pessary for two or three months. Since then, there has been no return of the symptoms. This case, one of the first which came under my care, put to the test all of my resources and taxed severely the patience of the patient.

This case was a fair type of retarded involution occurring after a normal labor and convalescence, with no local injuries to complicate it, but probably caused by a sluggish circulation—where the patient, resuming her ordinary duties too soon after confinement, gradually

and surely became an invalid, hardly knowing when she became such. The causes that interfere with involution have been well stated by Simpson in his Lectures on the Diseases of Women. They are,—1st, rising too soon after confinement,—2d, repeated and frequently recurring abortions,—3d, metritis. From the table, above quoted, showing the size of the uterus at successive periods of the first two months after delivery, it is seen that the period at which the vast majority of lying-in women are allowed to quit their beds, the uterus has only diminished one half in size and weight, and is then very liable to take on such a degree of congestion as to interfere with the process of involution. Or, in another case by no means rare, the patient after aborting, becomes pregnant before the process of involution has been completed; and if there are repeated abortions, the uterus becomes permanently hypertrophied. Again, inflammation of the uterus, or any of the pelvic tissues may effect such changes as to prevent complete muscular contraction, thereby retarding the second step, i e,—of retrograde metamorphosis.

But further examination of the subject reveals many other influences at work to which I shall briefly allude. Uterine inertia is one of the most active of these, as it retards and diminishes the muscular contraction by which the uterine tissues are deprived of all unnecessary blood. This is likely to cause blood-stasis and congestion; the muscular fibres fail to undergo fatty degeneration, and the second stage of involution is wanting. Barnes states that all constitutional diseases and cachexiæ which impair the general powers of nutrition and tonicity of muscular fibre, including also hemorrhage during and after delivery, act as efficient causes. Of local causes, we may enumerate all injuries to the cervix uteri, such as contusions and lacerations, which disturb the physiological process.

Uterine displacements occurring before involution is complete, prevent the return of venous blood as fast as supplied, and cause congestions, hemorrhagic and leucorrhœal discharges, thus interrupting the process of involution. The following history fairly illustrates a case of retarded involution, accompanied with leisons of the cervix which were probably the cause of this condition of the uterus. In January, 1875, I was called to attend Mrs. M——, in her fourth confinement. Before I reached the house the child was born, the patient having been in labor several hours. The child was large. By making external pressure upon the uterus, assisted by slight trac-

tion upon the cord, the placenta was delivered. The case did well, and, after two visits, was dismissed. This patient was of scrofulous habit, and had been for a long time a sufferer from chronic conjunctivitis, but at the time of her confinement was free from the trouble, having been treated successfully by another physician several months before. During the summer of 1875 she came to me for further advice. She complained of leucorrhœa, bearing down pains in the back and hips, inability to be on her feet, and profuse menstruation—stating that she had not had one well day since her child was born. On making a digital examination, I found the uterus retro-verted, prolapsed, swollen and tender. A Hodge pessary was introduced which relieved the sense of pressure and bearing down, but not the other symptoms, so, in a few days thereafter, I made an examination with speculum and sound. In addition to the condition before described, the cervix was found eroded and tender, the os patulous, and the glands throwing out a copious glairy mucous. The vaginal wall was greatly relaxed, and the uterus, as shown by the sound, enlarged.

The treatment consisted of iron, strychnia, and pot. chlor; and, once a week, touching the os and cervix with a strong solution of argenti nitras, and later, with the tincture of iodine. Every day used astringent vaginal injections, and enjoined complete rest. Under this treatment, the uterus diminished in size; the process of contraction of the vagina went on *pari passu* with that of the uterus —in a word, all the symptoms disappeared and the patient was restored to her accustomed health. This case did not come under treatment for several months after labor.

Take another case, which I also met last year—January 3d. The patient, a hard-working woman, wife of a farmer, was in her fourth confinement and in charge of the midwife who had attended her in previous labors. My services were only required to deliver the placenta. During the next week after her confinement, heard no complaint, but on February 9th, was called to see her as she was not doing well. For the last three days she had suffered from diarrhœa, and complained of a feeling of weight in the pelvis when on foot, and of painful micturition. On careful examination the uterus could be discovered by the hand above the pubis, about the size and shape of a large pear; and there was also tenderness on pressure low down in the left iliac quarter. The vaginal touch found the

uterus enlarged and tender on the left side. Evidently the process of involution had been arrested. I prescribed remedies first to quiet the intestinal trouble, then raised a cantharis blister over the left pubic region, and gave fluid extract ergot, gtt. xx, every 4 hours. Enjoined perfect rest.

February 12th, the gastro-intestinal and cystic irritation relieved, but there is tenderness in the left groin and supra-pubic region. The uterus can still be felt above the pubis and is very tender on pressure. The patient has slight fever, and suffers great nausea. Continue ergot, and to have bismuth sub. nit., and morphia sulph. every 4 hours. Warm fomentations to be applied to the abdomen.

February 15th, feels better; is now able to turn herself in bed, which she was unable to do at last visit; the feeling of nausea about the same; complete anorexia; no fever. To have quinia sulph. instead of bismuth and morphia.

February 18th, found her still improving; now able to sit out of bed, and appetite a little increased. The quinia is discontinued because it disagrees with the stomach; to continue the doses of ergot, and have in addition iron. February 24th, not so well as at last record. There is nausea, and pain in the stomach,—to have bismuth, and lime-water with milk. February 25th, better,—to have pepsin and acid muriat. dil. March 1st, convalescent; able to be up all day; uterus reduced to almost normal size. In this case there was no leucorrhœa or menorrhagia.

The following case presents a similar train of symptoms, having their origin in an abortion. It also illustrates the little care patients usually take of themselves after accidents of this kind occurring within the first three or four months. The patient was in a delicate state of health from repeated attacks of bronchitis. Having missed a menstrual period she attributed the cause to cold. The stomach was irritable, and no appetite. I suspected pregnancy. At the third month there was a slight *show*, accompanied with leucorrhœal discharge. A week later, she was taken with severe hemorrhage. I did not see her for several days thereafter, but the physician in attendance said she had a miscarriage. An examination revealed a portion of the membranes retained in the uterus, the os being easily dilated. For the next two months she seemed to get along very well, making no complaint except of leucorrhœa, and weak back. At the menstrual periods, however, she suffered severely. A second

examination showed the uterus retro-verted, tender on pressure or lifting—these manipulations producing nausea; the os patulous, cervix hypertrophied and eroded, copious secretion from the cervical glands, vaginal wall relaxed.

In this patient the retention of the membranes prevented contraction, the discharges became irritant, and involution, already enfeebled by habitual want of muscular tonicity, prevented. Getting up too soon, and muscular exercise, caused displacement of the already congested uterus. In the treatment of this case, rest was particularly enjoined; removal of all pressure and weight of dress; applications of a strong solution of argent. nitras to the cervix. Under this plan, the patient recovered her accustomed health. It will be remembered these patients came from the class of hard-working country women. Dr. Barnes thinks that defective involution "is more liable to occur in women who are nursed in luxury than in those accustomed to hard work, labor and exposure, as these latter complete the process of repair much more quickly, as the muscular, vascular and glandular systems are in vigorous working order. Effete material is quickly got rid of. Every organ soon returns to its wonted state. But in delicate and pampered women, on the contrary, the muscular fibre is lax, the glandular organs, especially those of the skin, are imperfectly developed, they do their duty feebly and are easily overpowered, when an unusual strain is thrown upon them."

The function of lactation is intimately connected with the process of involution, which it favors by exciting muscular contraction of the uterus. Mothers who are unfitted by development for nursing their offspring, or who neglect this duty and think it a task, are particularly liable to suffer from defective involution.

General Remarks.—If the uterus is simply larger than natural, it should be supported by a Hodge or stem pessary, and ergot and strychnia administered three times a day. Every second or fourth day use ergotin hypodermically as recommended in the treatment of uterine fibroids. If there are leucorrhœal or menorrhagic discharges, combine iron or arsenic with the above mentioned remedies.

If there is extensive laceration of the cervix with eversion of the lips, it may become necessary to resort to the operation of Dr. Emmett, of pairing the edges of the wound and bringing them together by a few stitches of silver wire. If there are evidences of diseased

action of the uterine mucous membrane, local treatment can be easily employed owing to the patulous condition of the os.

Simpson recommends leeches and other antiphlogistic resorts, and the internal use of iodide and bromide of potassium, combined when necessary with iron or other metalic tonics. If quinine has any oxytocic influence, it should prove of value in such cases. Dr. Atthill recommends it in cases of relaxed muscular tissue, in 5 grs. doses combined with 10 drops tinct. ferri per chlor., every fourth hour. Scanzoni recommends applications of iodide of potassium dissolved in glycerine applied to the cervix, and Barnes agrees with him.

Within the last few years a great change has taken place in the management of the lying-in woman. A more generous diet is now allowed from the beginning, and it is an advance in the right direction. But in some quarters along with the more liberal diet allowed, there is a disposition to relax restraint concerning exercise, and the woman is permitted to quit her bed after the 9th day—very often so early as the 5th or 6th day. Rest in bed is more necessary after abortion than after delivery at full term, for the reason that involution then is relatively a slower process; but how often do women after these accidents abandon their beds on the 2d or 3d day?—really observing no period of rest.

One of the early signs of defective involution is the persistence of the lochia, or the presence of leucorrhœa. In such cases a careful examination should be made, and if there are no symptoms of metritis or other inflammation to account for the enlarged uterus, the following mixture, recommended by Prof. Barker, should be given for a few days. ℞. Fl. ext. ergot, tinct. ferri chlor., tinct. nuc. vom., tinct. cinnam., aa ℥j S. A teaspoonful in a wine-glassful of sweetened water every 4 hours. If after second week, discharge is tinged with blood, examine with speculum to ascertain the existence of laceration or erosion of the cervix, or other abnormal condition of the mucous membrane. Finally, in the prevention of these troubles, *rest* physically and physiologically, is the agent to be insisted upon.

## Art. 2.—CASE OF TUBAL PREGNANCY—FRACTURE OF THE TUBE—DEATH IN 60 HOURS.

By JOHN COOKE, M. D., Bridgeport, O.

AS the subject of extra-uterine fœtation with its concomitant accidents is beginning to attract the attention and study its importance demands, the following case is reported in the hope that it may add a little to what is already known concerning Fallopian Pregnancy, which, from the very nature of its symptoms, is rarely diagnosticated during life.

Mrs. S——, aged 35, very large and plethoric, was delivered of a healthy female child about 13 years ago, and although having subsequently enjoyed ordinary good health, she did not again become pregnant until the last of May or the first of June 1875. She missed the expected menstrual period in June, but nothing else occurred, such as morning-sickness, etc., to excite suspicion of pregnancy. On Tuesday morning, July 6th, she felt a sharp pain in the right iliac quarter (she was ironing at the time,) but it soon passed off. About 7 P. M., of the same day, in company with a female friend, she started out for a short walk, and when about thirty steps from her door she was suddenly seized with a severe pain in the region of the right ovary, and extending over the lower part of the abdomen. She was assisted back to the house, and medical aid immediately summoned. Dr. Fisher, of Bridgeport, saw her about an hour after the attack, and found her still suffering from excruciating pain in the abdomen. There was tenderness on pressure over the uterus, sickness at the stomach, and great physical prostration. He gave her a powder of opium and sub. nit. bismuth, which was soon ejected; the next resort was a hypodermic injection of 10 minims of Magendie's solution, which soon gave relief. Learning that there had been no movement of the bowels for a day or two, he gave calomel, opium and bismuth every 4 hours during the night.

Next morning, Wednesday, July 7th, he found her free from pain, but with pale, pinched and anxious countenance, and increased tenderness of the lower part of the abdomen. The bowels not having been moved by this time, he gave a cathartic dose which produced two or three free evacuations. In the evening, the pain returned; she was restless, the extremities were cold, pulse small and rapid, with great thirst. The hypodermic syringe was again used and with

same result as before in relieving pain. There was now added to the treatment, one grain of sulph. quinine to be given every 4 hours, and whiskey every hour, under which the patient passed a tolerably quiet night.

Thursday morning, July 8th, there was an aggravation of all the symptoms, with evidence of peritonitis. Same treatment continued. I saw the patient with Dr. Fisher at noon, or about 40 hours after the first attack of pain, and found her with small feeble pulse, 140 per minute; face pinched and bloodless; countenance anxious; and extremities cold. I had then received but little history of the case, and my first impression on viewing the patient, was that she had had a profuse hemorrhage, and so asked Dr. Fisher. He replied in the negative, and then gave me the history of the case as above recited.

We made a careful examination of the patient, and various reasons were offered to account for the suddenness and extreme gravity of the symptoms. Among others, tubal pregnancy with rupture, was offered, but no definite conclusion was agreed to by us. At this time, she was suffering great pain, vomiting frequently, and continually calling for water. The hypodermic syringe was again used, and the dose of quinine increased to four grains every 4 hours, and also larger quantities of whiskey administered. At our evening visit she had grown worse, and was evidently sinking. Same treatment continued.

At 1 o'clock, A. M., Friday, we were called, and concluded to send for Dr. W. J. Bates, of Wheeling, W. Va., who arrived an hour and a half later. As the patient had passed no urine since the previous morning, and there appeared to be some distention of the bladder, a catheter was introduced, and about 6 ozs. of urine drawn off. After carefully examining the case and obtaining its full history, Dr. Bates unhesitatingly pronounced the case Fallopian Pregnancy with rupture of the tube.

The patient being very restless, and suffering greatly from pain, we again used hypodermic syringe. We left her between 3 and 4 o'clock, having arranged to see her again at 9 o'clock the same morning. She died before that hour, or at 8 o'clock, A. M.,—60 hours from the time she was attacked.

*Post mortem* ten hours after death, in presence of Drs. Bates and Allen, of Wheeling, and Drs. Livingstone, Fisher, Wagner and myself, of Bridgeport, Ohio. Rigor mortis well marked. On opening

abdominal cavity, fully six pounds of coagulated blood were removed. Peritonæum pale; intestines, large and small, distended with gas, but not inflamed. The right Fallopian tube was very much enlarged, inflamed, and floated in blood. Grasping it, and turning it over for examination, a fracture, one and a half inches in length, was discovered on its anterior inferior surface, commencing about one inch from its fimbriated extremity, through which had escaped a fœtus of about six weeks.

Slight ulcerations were found upon the os uteri, and two small fibrous tumors near the fundus, otherwise the uterus was healthy.

Such were the symptoms and *post mortem* revelations in this case. I need not tell those of my brethren who have had the misfortune to meet a case of the kind, how difficult it is to make a correct diagnosis, for our experience was doubtless theirs. To those who have never seen such a case, I take the liberty of saying that their *first* may be proved by the knife when a correct diagnosis cannot benefit the patient.

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## Art. 3.—A CASE OF CHOREA—FATAL TERMINATION.

**By A. O. WILLIAMS, M. D., Eldon, Iowa.**

PHŒBE H——, æt. 17, well formed, seemingly the picture of good health. Has had slight choreic movements of the facial muscles for the last year. In the latter part of December, 1875, she was attacked with rheumatism from which she recovered without treatment. The subsidence of the rheumatism ushered in a marked increase of the chorea, so much so that locomotion became impaired, necessitating the recumbent posture; arms, feet, hands, and facial muscles were in constant motion.

Friday, January 14th 1876.—At this date I first prescribed for the case, gave fluid extract cimicifuga and valerian, equal parts. Tuesday, 18th,—no amelioration of the symptoms. Ordered an increase of same medicine. Monday, 24th,—slight improvement. Added to the treatment a tonic, and ordered a nutritious diet, Thursday, 27th,—still improving. Appetite, digestion, respiration, circulation, good. Sleeps well. Tuesday, February 1st,—her parents think she exhibits, at times, signs of mental aberation. Thursday, 3d,—worse. Ordered a calomel and Jalap purge, which was follow-

ed by decided improvement. Friday, 4th,—patient out of bed and walking about. Ordered a repetition of the cathartic. Saturday, 5th,—shows little signs of the malady. Sunday, 6th,—throughout the forenoon seemed better than at any previous record. Was left alone during the afternoon. At 4 P. M., was seen sitting comfortably in a chair. Half an hour later, was found in convulsions.

I saw the patient at 6 P. M. She was then having violent clonic convulsions about every two or three minutes (of which she seemed in constant dread) intermitting with quivering of the whole muscular system. Her mind was clear, and she expressed the hope and expectation of immediate death. Respiration full and free in the interval of convulsions which lasted only 30 seconds, but violent with rigid clonic contractions of the voluntary muscles. Opisthotonos so complete that the body was supported on the occiput and heels. Circulation in carotids and carpus, was scarcely perceptible. Aural examination of the heart revealed weak and excited pulsation of 142. Patient refused to take medicine, and as any attempt at forcible administration instantaneously brought on convulsions, no such effort was made. She became constantly more irritable, a slight touch of her body, a loud word, creak of the door, etc., was sufficient to bring on a convulsion. At 8 P. M., began the administration of chloroform, which had just been brought from town. As gradually the anæsthetic took effect, the convulsions subsided, and the patient went into a state of unconsciousness. 9 o'clock, the further administration of chloroform was discontinued—having given, altogether, only a small quantity. 11 o'clock, completely comatosed, the eyes fixed, pupils dilated, insensible to the touch, circulation weaker and more rapid, breathing stertorous and accompanied by a loud expiratory moan which could be heard a few rods from the house with the doors closed.

Monday—1 A. M.,—alcoholic stimulants were with difficulty administered, but produced no effect, and immediate dissolution was evident. Death took place at 2.30 A. M., or about 10 hours after the first convulsion.

What was the cause of death? Did chorea have anything to do with it? When death occurs from chorea, how does it usually take place? I should be thankful to any of the readers of the STUDENT for an answer to these questions.

## Art. 4.—THE ORIGIN AND PROPAGATION OF TYPHOID FEVER.

By S. B. STIDGER, Cameron, W. Va.

THE following remarks on the origin and propagation of typhoid fever are based entirely upon my own experience with the disease, and in their presentation I do not propose to examine the various and conflicting opinions of others. While I may differ with many, there are some who will, I think, endorse my conclusions.

My observations date back to 1853, and have not been confined to rural districts. In the fall and winter of 1855-6, I passed through a severe epidemic in the city of Keosauqua, Iowa; in 1859, in the neighborhood and town of Cameron, my place of residence; and in 1861-2, at the U. S. A. Hospital, at Cumberland, Md. These were scourges of a malignant type, and, from the very nature of my experience, I shall never forget their march. Since the last named date, I have encountered several epidemics of a milder grade in Marshall and the adjacent counties; and there has been no year that I have not seen more or less of the disease,—generally in the fall and winter.

It would seem as reasonable to charge the remote cause of typhoid fever to excessive humidity of the atmosphere by its influence in producing repeated colds, and deranging the functions of the skin, liver and kidneys—thus loading the blood with effete and pernicious material,—as to think its production arises from filth-exhalations, or sewage. Neither do I endorse the pet theory of "poisoned drinking-water" by drains from privies and cess-pools, or from "decomposition of animal and vegetable matter," as a common origin. These so-called causes may influence the *type*, grade or malignancy of the disease, but fail to produce its specific poison any more than they can the poison of small-pox.

It may then be asked, "what do you believe?" I answer, we have no demonstrable evidence of its cause, else there would not be so much difference of opinion, and groping in utter darkness; but we have inferential testimony, and upon this I base my conclusions, which are these: That the remote cause of typhoid fever may probably be found, 1st,—in atmospherical conditions which, derange and interrupt the healthful balance of the excreting organs, thus loading the blood with deleterious material. 2d,—in malarial influence; and that these influences acting conjointly, produce in the

human laboratory the specific poison of the disease. These causes, therefore, are extrinsic and intrinsic, or may be called ordinary and specific.

And now for the evidence. The epidemic during the fall and winter of 1853, was very malignant in character. The summer next preceding was one of remarkable atmospherical vicisitudes. The amount of rain-fall was unequalled in my recollection, and vegetation was rank. Early in the fall, I treated a number of cases of intermitting fever, the most of which occurred on Fish-Creek. I had precisely the same experience just preceding the typhoid fever epidemic of 1855-6 in the state of Iowa. There was an unusually wet summer—a luxuriant growth of vegetation—a vast number of cases of chills and fever, in the early fall—late in the season and during the winter and spring, there was a most terrific scourge of typhoid fever.

My observations in the epidemics of 1853, 1854, 1855, 1856 and 1859, led me to conclude that the cause was a blood poison developed in the body by extrinsic impressions, which poison in being eliminated by the bowels, produced uniform local lesions; that the specific poison existed in the fæcal discharges and capable of multiplying itself in persons of all ages, not previously attacked, who should come within breathing distance of the bodies or excreta of those affected.

To confirm or refute my preconceived opinions concerning the origin and propagation of the disease, I employed the opportunity afforded me for its study at the Post-Hospital at Cumberland, Md., during the fall and winter of 1861-2. In order to see for myself, and not trust to assistants for my records, I took personal charge of all typhoid fever patients in the wards. On my first round, I came across fourteen whom I thought would die in the next 48 hours; and was informed by the Dispensing clerk that there had been a daily average of 10 or 12 sent to the dead-house. This to me was a gloomy spectacle, and I determined, if possible, to prevent so many human beings from passing through my hands every day into eternity. I at once began to look around to find out the cause of the excessive mortality. So far as could be discovered the water supply came from a locality where it was not likely to be contaminated with human excreta, nor poisoned by decomposing vegetable matter. My former conclusions, therefore, from inferential testimony, were

confirmed—that the poison, having once found in the body conditions favoring its concoction, is transmitted through the air instead of water; and with this view I commenced hygienic treatment, by ordering the walls lime-washed, frequent changes of bed and body clothing, free ventilation of the wards, prompt disinfection and removal of the stools, the chloride of lime and other disinfectants to be sprinkled without stint about the floors after thorough washing and scrubbing, and the patients to have a more liberal and nutritious diet. The medical treatment consisted of stimulants and tonics,—diarrhœa restrained with opium and sugar of lead; also gave, in cases which seemed to require it, turpentine emulsion, sol. chlor. pot. etc., etc.

To keep up the vital powers while nature was endeavoring to eliminate the poison, I ordered the nurses to give Rye whiskey as much as the patients would take, and frequently repeat the doses. Under this plan of stimulation—not warranted in civil practice—the pulse increased in volume and decreased in frequency, low muttering delirium gave place to returning intelligence, involuntary discharges from the bowels were controlled, bed-sores began to heal,—in a word, all these patients who seemed to be dying 48 hours before, were now, under this treatment, showing signs of improvement and finally recovered, save one. I did not lose more than a half dozen cases of typhoid fever during the time I had charge of that Hospital. This statement is not made in a spirit of boasting, but simply given in proof of the correctness of my opinion as to the *cause*, and of the value of hygienic means in preventing the spread and diminishing the fatality of the disease.

## SELECTIONS.

### The Combined Administration of Chloral, Morphia, and Atropia.

By Dr. Bartholow.

DR. BARTHOLOW says that the great mass of narcotic remedies are administered conjointly without an adequate conception of the part which each one plays in the results produced. Thereupon he made some experiments chiefly by means of the hypodermic syringe. One drachm of chloral to four of water gives a solution

of sufficient density, and 30 minims contain seven and a half grains. Into this solution was put one grain of sulphate of morphia, and into another solution was put six drachms of chloral, four grains of sulphate of morphia, and a quarter of a grain of atropiæ sulphas in two ounces of water.

A solution of chloral injected under the skin causes a smart burning sensation, lasting from five to fifteen minutes, and usually leaving an induration which slowly disappears. This does not, however, seem to tend to suppurate. Absorption quickly takes place, for chloral being a crystalloid, diffuses easily into the blood. It causes a feeling of frontal distension, some headache, and vertigo, and drowsiness, supervening in from ten to twenty minutes, like that produced when chloral is taken by the mouth. One-fourth to one-half the quantity necessary to produce sufficient effect is required by the subcutaneous areolar tissue as compared to stomach administration; and when combined with morphia and atropia the quantity required need be very small.

Chloral and atropia do not act on each other chemically. Rabbits bear chloral very well indeed, but they are rather unsusceptible to the action of atropia when taken into the stomach, whilst the hypodermic injection of the drug is followed by the usual physiological effects. Atropia prolongs the chlora narcosis several hours. Thus, a rabbit to which Dr. Bartholow gave twenty grains of chloral subcutaneously remained in a state of narcotism six hours; when one grain of atropia was added, the narcotism lasted eight hours. In various observations he made on himself with chloral and atropia combined, Dr. Bartholow observed the following fact: That the excitant action of the atropia hindered the occurrence of the chloral narcosis, but sleep usually ensued after two hours, and was always profound. On the following day the pupils were dilated, the mouth dry, and there was more or less giddiness and headache. These effects were produced by eight grains of chloral and 1-94th of a grain of atropine. The effects of atropine continue much longer than those of atropia.

With regard to chloral and morphia, the latter substance in the rabbit deepens in every way the effect of the former. On his own person, Dr. Bartholow found that when he took morphia alone there was a great deal of discomfort produced—nausea, vomiting, vertigo, headache, and wakefulness. When combined with chloral, the nau-

sea and vomiting are lessened, but not prevented, and sleep is produced. Chloral does not prevent the unpleasant after-effects of morphia—nausea, loss of appetite, constipation, headache and vertigo—for these symptoms are experienced on waking from the chloral-sleep. Those who bear morphia well are also favorably affected by a combination of chloral and morphia, but in man as in rabbits, morphia increases in the whole sphere of its influence the chloral narcosis. As, however, morphia is synergistic to chloral, a dose of the latter far short of lethal activity will be sufficient in most cases when the former is combined with it.

A combination of chloral, morphia, and atropia presents the greatest advantages from the physiological and therapeutical point of view. Dr. Bartholow has made numerous experiments on his own person in this matter. Chloral causes sleep, morphia relieves pain, and atropia prevents or lessens the depression of the heart and respiration caused by the agents associated with it, whilst it certainly contributes to the cerebral effects of both. He found that the action of the combination was much more agreeable than chloral or atropia or than chloral and morphia. Sleep followed more promptly, without being preceded by nausea and excitement, and the after-effects were either absent or slight.

*Practical Conclusions.*—Dr. Bartholow hence concludes that the combination of chloral, morphia, and atropia, in the relative proportions he advises, used subcutaneously or by the mouth, is extremely well adapted to the treatment of insomnia in certain of its forms. In all cases in which pain is an important factor in the causation of wakefulness, the combined action of chloral, morphia, and atropia is much more effective than either agent alone. He cannot too strongly urge this combination in cases of insomnia in the subjects of fatty and dilated heart, and in the irritable heart of the chronic smoker. The combination of chloral and bromide of potassium is ill-advised in such cases. When a suspicion of heart disease exists, it were better to use morphia and atropia than chloral alone.

*Pain.*—For the relief of pain, says Dr. Bartholow, no one denies that the hypodermic injection of morphia is the most effective agent we possess. On the score of propriety and safety some persons object to it. The hypodermic injection of chloral, morphia, and atropia, barring the greater pain it gives, is more agreeable in its effects, and it seems to him, more permanent in its results. He has

used this combination in neuralgia of the fifth, of the brachial plexus, of the lumbar nerves, of the sciatic nerve, and coccygeal nerves, and about the seat of the painful spinal points in visceral and other neuralgias, and in spinal irritation. Whatever may be said in its favour, the remote injection of anodyne for the relief of pain is not so effective as application to the painful points. It is familiar to all how, when the parts swell about a painful nerve, the pain ceases.

The effect of irritant injections about the site of neuralgic pains are sometimes simply marvellous in the relief they procure. Most of the pain relieving agents, when applied to the nerves themselves, interrupt the transmission to the sensorium of the painful impression. From these considerations we obtain a useful lesson as to the utility of localised injections for the relief of neuralgia. Dr. Bartholow mentions that he has applied this method with success by the "deep injection of chloroform," and also has used with excellent result the deep injection of chloral, morphia, and atropia.

In neuralgia of the fifth nerve, the injection may be inserted deeply underneath the cheek or lips about the situation of that division of the nerve which is painful. In sciatica the point of the needle should be made to reach the vicinity of the nerve. But he especially calls attention to the good effects of this practice in the cases of that intractable disease *coccydynia*. In this form of severe pain, the needle should be passed down to the coccyx so that the solution may be made to diffuse over the whole surface of the coccyx. He does not meet many cases of this disease, but in two, the brilliant results which followed justify the most sanguine expectations of the utility of the practice. And so in spinal irritation, and in visceral and parietal neuralgia with points of spinal pain and tenderness, these deep injections are of greatest service.

In recent torticollis and in lumbago it affords lasting relief. He has witnessed astonishing results from the use of chloral and morphia in the true collapse of cholera. The injection hypodermically of the combination of chloral, morphia, and atropia is of great use occasionally in spasmodic asthma, whooping-cough, and laryngismus stridulus In angina pectoris, hepatic and renal colic, spasm of the sphincter of the bladder, &c., these agents combined produce results to which they are quite inadequate when used separately.—*Med. Press & Circular*, 1875.—*Braithwaite's Retrospect, Jan.*, 1876.

## Iodoform.

THIS agent has been in use only a few years, and yet it has won for itself a high value among the therapeutic substances which pharmacy has, during recent years, been adding to our list of remedies. It is a formylic compound in which iodine acts the part of an acid, and formyl as a base, giving a teriodide of formyl. It is usually prepared by adding to an alcoholic solution of iodide of potassium heated to 104°, pulverised chlorinated lime, and stiring after each portion is added, until the mixture comes to assume a dark red colour. On being allowed to cool, iodate of lime and iodoform are precipitated in a confused mass of crystals; the iodoform is then dissolved out with boiling alcohol. It may now be precipitated from this solution in small, pearly, yellow crystals, having a sweet taste and a saffron odor. It is insoluble in water, but readily soluble in bisulphide of carbon, in the fatty and volatile oils, in alcohol, ether, and chloroform, but is generally given mingled with syrup, glycerine, mucilage, or in pills with conserve of roses as a menstruum. Until recently it was difficult to obtain, but now it is kept in stock by most druggists. However by following the directions, any competent chemist can very readily prepare it.

It contains nine-tenths of its weight of iodine, but possesses no irritant action. It is healing, alterative, and anæsthetic, and is poisonous to the lower animals. It is a valuable deobstruent, alterative and anodyne in glandular enlargements, (of a painful nature) malignant tumors, gastric, inflammatory, rheumatic, gouty and painful swellings generally, and in the form of suppositories is specially useful in enlargement of the prostate gland in old men. In syphilis it possesses the alterative and deobstruent qualities of iodine without having its local inconvenient effects. It has been very freely given to relieve cancer and abate the progress of the disease, by giving it in 5 grain doses twice a day in mixture with 20 times its weight of mucilage in water, to make it miscible. In connection with its topical use, it is well to administer it in one-grain pills three times in the day at intervals of six hours each. To old and sluggish ulcerations it is very successfully applied in glycerine 40 to 60 grs. to ℥i. In uterine enlargements, painful indurations, and chronic ulcers, it is invaluable frequently applied by means of a camel's hair pencil direct to the part, and in vaginitis, or ulcers of the rectum, it is valuable in the

form of suppositories, 20 grs. in a sufficiency of cocoa butter. In enlargements of joints from rheumatic inflammations, and in chronic rheumatic arthritis or synovitis it is best employed as an ointment, ʒi to ℥j of fresh lard, well rubbed into the part morning and evening. It will be found useful in *scaly* affections of the skin as a topical application in the form of ointment 20 to 40 grs. to ℥i.

An agent possessed as this is, to so wonderful a degree, of the power of soothing pain, healing ulcerated or excoriated surfaces, and reducing inflammation, must of necessity become very popular among physicians everywhere. Its effects are slow, but certain in their production. A physician of large experience with it, thus speaks in its praise, "As a topical application, its healing and anæsthetic powers are unequalled by those of any known agent. I am daily using it in the form of suppositories in cases of acute vaginitis with almost magical effect, and even in inflammation and induration of the neck of the womb it has proved itself an invaluable agent in rapidly relieving pain, reducing inflammation, and softening and restoring indurated tissue to a normal condition."

Some are in the habit of using it as a topical application in syphilitic ulcerations of the mouth, nose and throat. After touching carefully any accessible ulcers with a glass rod dipped in strong nitric acid to destroy the diseased surface, a topical application, of this agent ʒj. to ℥i. of glycerine, is applied by means of a camel's hair pencil morning and evening regularly, until a cure has been effected, which is generally in a few days. It seems to cause healthy granulation, to spring up with amazing rapidity, and in the hands of judicious men, especially in public hospitals, must prove of great value. In the treatment of ulcerated surfaces, with whatever topical application, much assistance may be derived from the internal administration at the same time of the potassio-tartrate of iron, in 10 grain doses thrice daily in syrup and water.—*The Canada Lancet.*

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## Involution of the Uterus.

DR. A. SERDUKOFF (*London Obstet. Journal*, October, 1875), from investigations in a large number of cases, concludes:

1. Involution of the uterus goes on more rapidly during the first few days of the puerperal period than it subsequently does.

2. Involution of the uterus of healthy women goes on well and with regularity.

3. Involution, when the uterus is the subject of disease, such as metritis, endo-metritis, or parametritis, goes on more slowly, and this varies with the amount of the disease.

4. Permanent contraction, which takes place during the first few hours after delivery, is a common occurrence. When it passes off, an increase in size begins to take place.

5. In women delivered at the full time, involution goes on more quickly and regularly than in those prematurely confined.

6. Length of labor retards involution.

7. In primiparæ, involution of the uterus goes on very regularly but more slowly than in young multiparæ. In aged multiparæ involution does not go on so well.

8. In women who suckle their children, involution during the first four days does not go on so quickly as in those who do not nurse. But subsequently the involution is quicker though less regular.

9. After-pains are not necessary for a favorable involution; in fact, we are as well without them.

10. Super-involution and sub-involution occur as distinct, uncomplicated pathological conditions.—*Detroit Review of Medicine.*

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## Treatment of the Sequelæ of Diphtheria.

THE treatment of the numerous sequelæ is difficult to formulate. I believe time and *vis medicatrix naturæ* to be our most important agents; yet something can and ought to be done, for it would indeed be cruel to leave a poor patient totally paralysed without the hope of some assistance to the slow progress of nature. In those cases I generally prescribe the liquor strychnia in five minim doses, gradually increased to twelve, three times a day; but I candidly confess I think it often did no good; for I well remember one case in which I gave it for a whole month, the paralysis steadily increasing the whole time. I then left it off, and prescribed a liniment as a *placebo*, when gradual improvement commenced, and recovery ultimately took place; but on other occasions I have found it decidedly of service, though I am doubtful whether it be more active than quinine, mineral acids, and other tonics. I believe we better show our discretion

by changing our tonics till we find the one best suited to the individual case, than by habitually using one formula indiscriminately. In addition to the tonic regimen, I recommend, when practicable, a judicious change of air and scene. On one occasion, I had recourse to galvanism, with no satisfactory result. I believe that rubbing and shampooing the limbs is of some service; at all events, it does no harm; and the simultaneous use of a little embrocation no doubt assists the charm. Some of the dyspeptic symptoms I found very troublesome to treat. As a rule, bismuth gave the most relief, combined with bland nourishment; and, when the acute symptoms had subsided, a combination of quinine and strychnine was of marked benefit in giving tone to the digestive organs.

For the tendency of faintings, which sometimes occurs, I have given a dose of ether; but what is most important is to enjoin the recumbent posture till convalescence is well established; and event then I recommend a little wine to be taken before any exertion is used.—*British Med. Jour.—Canadian Journal.*

## Strychnia in Neuroses due to the Tobacco-Habit.

IN an editorial note to a paper "On Some of the Disorders of Sleep," by Dr. S. Weir Mitchell, in the Feb. No., 1876, of the *Virginia Medical Monthly*, Dr. Landon B. Edwards says: in acute neuroses due to the tobacco-habit—especially those cases of marked nervousness, muscular irritability and tremor, etc., resulting from the abuse of *smoking*—clinical experience has led him to lay great stress on the use of strychnia. The beneficial results of the treatment of the so-called tobacco amaurosis by strychnia, as also the known physiological antidotal effect of tobacco in strychnia poisoning, probably suggested the use of strychnia in cases of neurotic troubles resulting from tobacco. But while he is not aware of any publication on the subject, he cannot think that equally favorable results could have eluded the observation of those who have treated "tobacco amaurosis" with strychnia; for in many of the cases so treated there must have been some of the symptoms here alluded to, which have disappeared rapidly under treatment of the amaurosis by strychnia. The most prompt and decided benefit of strychnia in controlling the acute shaking-palsy or tremor of the hands result-

ing from tobacco excess has been witnessed by him on two occasions in the same individual, when the strychnia has been used hypodermically in the forearm. In this case, the patient recognized quite sensibly the physiological effect of strychnia, when even a single dose of 1-20th grain was given by the stomach. Hence, only 1 90th of a grain was given hypodermically. Within 15 or 20 minutes thereafter the muscular control of the hand of the side in which the injection was made (right), was nearly perfect, and the general nervousness was perceptibly modified.

Dr. Edwards promises, at a future time, to give more in detail the results of his observation of the agent, should the subject be deemed of sufficient interest.—*Feb. No. p.* 175, 1876.

## CORRESPONDENCE.

**From Philadelphia.**

March 23, 1876.

**To the Editor of The Medical Student:**

MR. EDITOR,—We have passed through the Commencement era, and can count up the results. The JEFFERSON leads off with 146—quite a reduction from last year. The UNIVERSITY follows with 124—a slight increase. Then our two Dental schools have sent out a number of D. D. S., and last, though far from least, the College of Pharmacy conferred the degree PH. G., upon 104—an enormous class. Like the Dental colleges, this institution is a great step forward, and it is rapidly becoming the rule that those who run our apothecary stores must be graduates in Pharmacy. This is greatly to be desired, as such men are far less liable to devote their attention to proprietary medicines, and their establishments generally, are a credit to the profession. The medical men of Philadelphia view with the most profound regard the Professors in this School, and they have eminently shown themselves worthy of our highest respect.

At this point permit a word—a suggestion. Prizes for scholarship are far more numerous than formerly. Each year finds more competitors. Now, if the bouquet nuisance could be converted into a distribution of prizes, much benefit would be gained, and a vast relief would be obtained for all concerned. Signs of a break in this matter are each year appearing. Thus, we herald the distribution of several cabbage heads this year, and we trust that next year other vegetables will be added. Why not potatoes, carrots, celery, etc.? I see that the learned professors

are not insensible to this form of adulation, and appear quite grateful for sundry baskets, etc. Is it any wonder that the respect for our professors so soon wears off, when we find them acting like children, rather than like learned and revered leaders of their wondering disciples? There is vast room for improvement.

The programme of the International Medical Congress is at last out, and I am informed that it has been sent to all the Journals, both at home and abroad, so I presume that by this time you have a copy. As far as I can judge, the work has been well done, and the gentlemen composing the Commission are well worthy of commendation.

Since the organization of this body two members have died. Drs. Edward Wallace and John S. Parry. The former, not much known outside his own State, was an educated gentleman and much beloved by his associates. The latter, quite young—only 34—had already made a bright mark on the roll as a scholar and author. His recent, I believe his last work, "Extra-Uterine Pregnancy," is a marvel of careful earnest study. He also, had just edited the last American edition of Leishman's Midwifery. His additions to this work are of great value, particularly the pages on the use of forceps. "The good die young."

We are, almost every one of us, setting our houses in order for our expected guests. When the exposition closes, we will set down and think of the many friends who have called on us, and whose faces we may never see again in our city. Every one is anticipating friends, happy reunions, the sight of faces absent for years. Let us hope that all will go well, and that our visitors may go away fully satisfied with their treatment while in our Centennial City! PHILOS.

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## From Cincinnati.

March 7th, 1876.

**To the Editor of The Medical Student:**

DEAR SIR,—The Commencements in the different Medical Colleges, and the election of officers for the ensuing year in the Academy of Medicine, make up the sum total of medical news from this point at present.

The students who have attended the Cincinnati Medical Schools this year, have nothing to fear by comparison with those in the New York or Philadelphia schools. Harvard is Queen, and will remain so for some time; but as to the superiority of other Eastern schools over those of the West, that is now a thing of the past. The profession of the West are to be congratulated upon the improved and improving standard of Western schools, and the better class of young men who are now taking ad-

vantage of their home opportunities. The Cincinnati schools have turned out smaller classes this year. but a higher grade of men.

The Commencements were all held in grand style at Pike,s Opera House. It is to be regretted that two of them had a strong ecclesiastical smell, which is but little, if any, better than the political odor. The number of graduates from each of the regular schools is as follows:

Medical College of Ohio, 92; Miami Medical College, 50; Cincinnati College of Medicine and Surgery, 27.

Last night, the Academy of Medicine elected the following Officers for the ensuing year.—President, Dr. Charles S. Muscroft; First Vice-President, Dr. A. Hœltge; Second Vice-President, Dr. D. D. Bramble; Recording Secretary, Dr. James G. Hyndman; Corresponding Secretary, Dr. Wm. Judkins; Treasurer, Dr. Byron Stanton; Librarian, Dr. Ira T. Barrows; Trustees, Drs. D. H. Jessup, M. B. Wright and A. L. Carrick.

Quite a number of gentlemen were in attendance at the meeting who have not honored the Academy with their presence since the war of 1874, and now that the ice is broken it is to be hoped that the strife is over.

The sad experience of Cincinnati surgeons with chloroform, has led to its almost total abandonment here. In the surrounding country, however, it is yet held to as a safe and reliable agent. Prominent among its warmest friends and supporters are Dr. J. C. Reeve, of Dayton, Ohio, and Dr. Charles Kearns, of Covington, Ky. But the latter gentleman has at last to put on record a death from his favorite anæsthetic. Nothing daunted he still sticks to it, that Chloroform is as safe as Ether.

C. A.

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### From Belmont Co., Ohio.

March 20th, 1876.

**To the Editor of The Medical Student:**

DEAR DOCTOR,—It is really kind in you to offer "gratuitous professional advertising" to the brethren in the city of Wheeling, but do you propose to confine your charity to your own city? Could you not find space in your excellent journal for a few of the first-class notices and puffs that appear in our weekly newspapers to the credit of aspiring physicians on this side of the waters? Your remedy for the cure of the unprofessional behavior referred to, has worked so well in Wheeling that you should not think it out of your way to step just o'er the border and help to improve the lack of professional esprit de corps. I merely present the case as one worthy of your consideration. X. Y.

# THE MEDICAL STUDENT.

**James E. Reeves, M. D., Editor and Proprietor.**

APRIL, 1876.


## TREATMENT OF THE SOLDIER.

THE "High crimes and Misdemeanors" of Gen. Belknap, late Secretary of War, not only include the sin of immense unjust gains, but also the loss of many valuable lives which have been sacrificed by preventable causes, we believe entirely under his control, at the various Military Posts scattered over the country from Alaska to Florida, during his administration of the War Department.

The frequent complaints sent in from the frontier especially, by assistant surgeons concerning the disastrious effects of overcrowding in badly ventilated Barracks and Guard-Houses, scanty or insufficient clothing, unwholesome food, etc., could not possibly have escaped his ear, but it is not on record that he made the least effort to remedy the severe hardships complained of by the sufferers. In proof of the worse than criminal treatment of the men at the Posts, we have but to refer to the testimony afforded in CIRCULAR No. 8,—a "Report on the Hygiene of the United States Army," made last year from the Surgeon-General's Office, by Assistant Surgeon, John S. Billings, M. D. The *indictment* is in these words:—

"It is sufficient for the purposes of this report to say that the standard of health and physical perfection of the enlisted men on entering the service is above the average. These men, thus selected, have their food, habitations, clothing, and occupations prescribed for them, and the result is as follows: * * That is to say, setting aside injuries, to which the soldier is specially liable, the mortality from disease among these picked men is distinctly greater than among men of the same age in civil life under the same conditions of climate. * * *

"It is, I think, sufficiently evident, from the above table, that the hygienic conditions under which our troops are placed cannot be considered as satisfactory; and if the descriptions of posts following

this report be examined, in connection with the statistics furnished with each, the excessive loss by death and discharge, which preventable excess is probably not less than 100 by death and 200 by dis charge, annually, will not seem unaccountable.

"The amount of money appropriated annually for providing quarters for offices and men, even when eked out, as it has been, by employing the labor of troops as much as possible, has been insufficient to meet the legitimate demands made upon it, and no real saving is effected to the Government by expending the health and lives of its employés instead of sufficient money to allow them to have a sufficient supply of fresh air."

In this connection it might be interesting to our readers to have a few citations from CIRCULAR No. 8, concerning the hardships of the officers and men at Fort Sill—the Post which seems to have yielded Gen. Belknap the largest return for his favor—but we have not the space for further reference other than to say that we believe the Surgeon-General and his Assistant Surgeons have done what they could to improve the sanitary condition at each of the Posts.

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INTERNATIONAL MEDICAL CONGRESS.—The Preliminary Programme just issued, announces that the International Medical Congress will be formally opened in Philadelphia at noon, on Monday, the 4th day of September, 1876, in the University of Pennsylvania.

Addresses will be delivered before the Congress in general meeting, by Drs. Austin Flint, on Medicine; Henry I. Bowditch, on Hygiene and Preventive Medicine; Paul F. Eve, on Surgery; Theophilus Parvin, on Obstetrics; T. G. Wormley, on Medical Chemistry and Toxicology; J. M. Toner, on Medical Biography; Herman Lebert, of the University of Breslau; N. S. Davis, on Medical Education and Medical Institutions; L. P. Yandell, on Medical Literature; John P. Gray, on Mental Hygiene; Stanford E. Chaillé, on Medical Jurisprudence.

Then will follow discussions by distinguished gentlemen, on scientific subjects which have been assigned to appropriate Sections, —Medicine—Biology—Surgery—Dermatology and Syphilology—Obstetrics—Ophthalmology—Otology—Sanitary Science—Mental Diseases.

In order to facilitate debate there will be published on or about June 1st the outlines of the opening remarks by the several reporters. Copies may be obtained on application to the Corresponding Secretaries.

The volume of Transactions will be published as soon as practicable after the adjournment of the Congress.

The Public Dinner of the Congress will be given on Thursday, September, 7th, at 6.30 P. M.

The registration book will be open daily from Thursday, Aug. 31, from 12 to 3 P. M., in the Hall of the College of Physicians, N. E. corner 13th and Locust Streets. Credentials must in every case be presented.

The registration fee (which will not be required from foreign members) has been fixed at Ten Dollars, and will entitle the member to a copy of the Transactions of the Congress.

Gentlemen attending the Congress can have their correspondence directed to the care of the College of Physicians of Philadelphia, N. E. cor. of Locust and Thirteenth Sts., Philadelphia, Pennsylvania.

There is every reason to believe that there will be ample hotel accommodation, at reasonable rates, for all strangers visiting Philadelphia in 1876. Further information may be obtained by addressing the Corresponding Secretaries, WILLIAM GOODELL, M. D., 20th and Hamilton Sts., DANIEL G. BRINTON, M. D., 115 S. 7th Street.

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OUR PRINTING OUTFIT.—We are so frequently asked the question —"How do you manage to put the STUDENT in such excellent dress at the low price of $2,00 per annum?" that we have concluded here, once for all, to answer it briefly.

We have on our own premises a complete printing outfit, purchased expressly for the publication of the MEDICAL STUDENT. The types came from Allison, Smith & Johnson, Cincinnati,—the oldest and, we believe, the most extensive Type Foundry in the great West. The type-face is of two sizes, Long Primer and Bourgeois, and known among printers as "Allison, Smith & Johnson's Bradford Series, *Old* Style No. 2." The sharp appearance of these pages shows how well the types are preserved after at least 200.000

impressions, which means, of course, that the metal employed in their casting is of superior quality.

The Press on which the work is printed is known as the STAR JOB PRESS, manufactured by John M. Jones, Palmyra, New York, and for fine work, is not excelled by any Machine in the Market. The proof of its superior capacity is well shown in these pages.

The fine paper employed in the publication, is from J. G. Ditman & Co., Philadelphia.

Finally, the Compositor and Pressman is an amateur printer, who had never handled a type two years ago, and knew nothing whatever of printing machinery.

So much in praise of our printing facilities, and so much also concerning the generally supposed difficult art of type-setting.

A distinguished subscriber in New York city sent us these words on receiving the March issue: "I congratulate you upon the value of its contents, and its elegant appearance. Type and paper are capital, and its great freedom from typographical errors is remarkable."

A Cincinnati friend, brimful of poetic inspiration, has sent us the following lines:

Breathes there a doctor with soul so dead,
Who never to himself hath said,
I will a Medical Journal take,
Both for my own and patients' sake?
If such there be, let him repent,
And have the MEDICAL STUDENT to him sent.

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DECLINED.—Because of its too personal character, we have been compelled to decline the publication of a correspondence sent us from over the River, in Ohio, signed "BELMONT." That kind of criticism which is sharp and cuts deep without mangling, is the best, and generally accomplishes the end whereunto it is directed.

Our esteemed correspondent, "X. Y.," from whom a brief note appears in this issue, will please bear in mind that the pages of the STUDENT are wide open for the correction of the unprofessional behavior to which he refers. We are not familiar with the columns of the Belmont County newspapers, but have seen a sufficient number of extracts from them in the Wheeling press to justify severe re-

buke; and we hope "X. Y.," who is entirely acquainted with the situation, and competent to do the work well and kindly, will come more prominently to the front and occupy the space offered for that purpose. How good and how pleasant when brethren are animated by a common desire to uphold the honor and dignity of the profession!

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Meeting of the State Society.—The Medical Society of the State of West Virginia will hold its next annual session in this city, commencing Wednesday the last day of May, which is a few days in advance of the time—the first Wednesday in June—fixed by the Constitution. The change was made in order to avoid conflict with the American Medical Association which, this year, meets June the 6th, in Philadelphia.

We hope to see a large meeting in Wheeling, and feel like promising those who intend going to Philadelphia that by the time they get ready to leave Wheeling, they will be in excellent trim to see the Centennial.

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Foreign Exchanges.—We have had the pleasure of adding to our foreign exchange list *Anales de la Asociacion Larrey*, a beautifully printed 16 page monthly quarto, edited and published in the city of Mexico by Dr. Manuel S. Soriano, who will please accept our thanks for the Jan. Feb. and March Nos. The March No. just received, opens with an interesting paper on Ligature of the Femoral Artery, by Rafael Caraza, of the city of Mexico.

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Highest Examination Marks.—Prof. Alfred Stillé in his Valedictory Address delivered at the annual commencement of the Medical Department of the University of Pennsylvania, March 10th, said—"It is a grateful duty to state that of those who devoted three full years to attendance upon medical lectures nearly all received the highest marks upon their examination for the degree, and were accepted by the unanimous vote of the faculty. A large proportion of these gentlemen formed among themselves a society for the discussion of medical questions, which has had, and continues to have, a marked influence upon their own attainments, and the scientific

character of the class. A very considerable number have devoted themselves with zeal to laboratory work in anatomy, chemistry and physiology, and such has been the influence of these studies that the inaugural theses founded upon original observation and experiment have exceeded those of any previous year in number, elaborateness, and the interest and value of their conclusions. It should further be stated, in this connection, that the number of students who this year availed themselves of the graded course considerably exceeds the number of last year, and, therefore, its advantages are becoming more generally recognized and appreciated."

The address closed with the following timely warning.—"To the young physician Commencement Day is a mount of promise, from which he looks out upon the promised land. It appears to him a land flowing with milk and honey; a land in which he will find final rest for his weariness and reward for his labor, and he contrasts its imaginal joys with the painful efforts of his years of preparation. Let him be undeceived. Toil unrewarded, the allurements of pleasure and the stronger temptations of despair: the humiliation of defeat, the weary waiting for the success that seems so near at first but still keeps retreating as it is approached; these things are more or less the lot of every one who fights the battle of life. Even worse than these, if possible, is the necessity of competing with men who are physicians only in name, and have no claim to the rank which you have acquired by your faithful labors."

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Pure Medicines and fine Surgical Instruments.—Calling in at Messrs. Logan, List & Co's. Wholesale Drug-House, a few days since, our attention was directed to an invoice of goods just received from Messrs. Wm. R. Warner & Co., of Philadelphia, comprising chiefly an assortment of their Sugar-coated Pills. In the manufacture of these they claim, and we believe justly, a superior excellence. They especially ask the attention of Physicians to their Compound Phosphorus Pills, which they regard as one of their prominent specialties.

Messrs. Logan, List & Co., were opening also, an Invoice of Instruments from the well known manufacturers of Surgical Instruments, John Reynders & Co. Among them was a Liebreich's Opthalmoscope, and a set of Bowman's Probes. Of John Reynders

& Co's Surgical Instruments, it is sufficient to say that their House, under the College of Physicians and Surgeons, 309, 4th Avenue, is HEAD-QUARTERS in New York.

Messrs. L. L. & Co., are furnishing on short notice, if not already in stock, any instruments wanted by their patrons.

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The MEDICO-CHIRURGICAL SOCIETY of Eastern Ohio, will meet at Bellaire, Thursday, April 9th. Election of officers and other important business will be transacted. A full attendance is requested.

☞SUBSCRIPTIONS OVERDUE.—Those of our subscribers who have not yet remitted their $2, will please remember to do so without further delay.

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## BOOK NOTICES.

FILTH-DISEASES, AND THEIR PREVENTION. By John Simon, M. D., F. R. C. S., etc. First American Edition. Printed under the direction of the State Board of Health of Massachusetts. Boston, James Campbell, 1876. 12 mo. cloth, pp. 96. Price $1,00.

This is a little book and only costs a dollar, but its value is not to be measured by its size and price. The members of the Massachusetts State Board of Health in introducing it to the American public use these words in its favor:

"The undersigned members of the Massachusetts State Board of Health would respectfully, but earnestly, urge upon all persons the careful perusal of the following masterly essay by Mr. Simon, Chief Medical Officer of the Privy Council and of the Local Government Board of England. If the practical suggestions made therein were acted on by all citizens, hundreds of lives now annually doomed to destruction would be saved, and the health and comfort of the people greatly increased."

Nobody can read the book without being benefitted and made wiser by the advice it gives.

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### Publications Received.

MORTUARY STATISTICS of the Mutual Life Insurance Company of New York.

REPORT of the Health Office of the city of Oakland, Cal., for the year 1875.

# TO THE MEDICAL PROFESSION.

## A NEW AND IMPORTANT REMEDY.

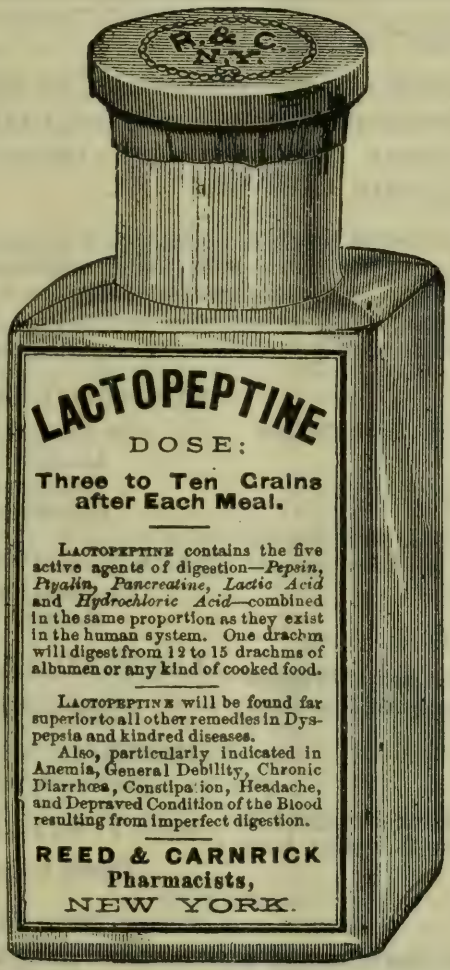
# LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.

*The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon plastic food.*

*This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of* **Dyspepsia, Intestinal diseases of Children, Chronic Diarrhœa, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from Imperfect nutrition.**

*One of the most important applications of* **LACTOPEPTINE** *is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.*

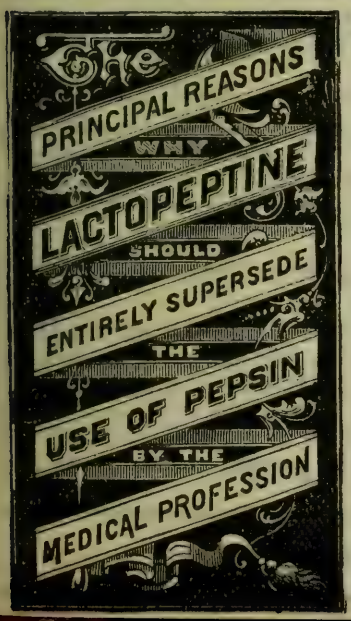



**LACTOPEPTINE,** *as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.*

### FORMULA OF LACTOPEPTINE.

| | | | |
|---|---|---|---|
| *Sugar of Milk,* | 20 *Ounces.* | *Veg. Ptyalin or Diastase,* | 1 *Drachm.* |
| *Pepsin,* | 4 " | *Lactic Acid,* | 2½ *fl. Drachms.* |
| *Pancreatine,* | 3 " | *Hydrochloric Acid,* | 2½ *fl.* " |

*Powder and Mix.*




**1st.**—It will digest from three to four times more *coagulated albumen* than any preparation of Pepsin in the market.

**2d.**—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.

**3d.**—It will change the *starchy* portions of vegetable food into the assimilable form of Glucose.

**4th.**—It contains the natural acids secreted by the stomach (*Lactic and Hydrochloric*), without which Pepsin and Pancreatine will not change the character of coagulated albumen.

**5th.**—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.

**6th.**—IT IS MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. *An ounce of Lactopeptine is, therefore fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.*

*All the statements made in this Circular are the result of repeated and careful experiments.*

The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

—oo—

The undersigned, having tested REED & CARNRICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochlric Acid, made according to published formulæ, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, *April 6th*, 1875.

J. R. LEAMING, M. D.,
Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,
Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,
Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,
Professor of Orthopœdec Surgery and Clinical Surgery, Belevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.
Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics and Clinical Medicine.

SAMUEL R. PERCY, M. D.,
Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,
Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,
House Physician Belevue Hospital.

GEO. F. BATES, M. D.,
House Surgeon Belevue Hospital.

—oo—

INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of *LACTOPEPTINE*, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON., M. D.

—oo—

BRANDON, VT., March 31st, 1875.

I desire to say that I have used *LACTOPEPTINE* for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,
Late Professor of Obstetrics and Diseases of Women and Children Vermont Med. College.

—oo—

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE, BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of *LACTOPEPTINE* and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of *LACETOPEPTINE* in my own case. This was, in brief, an inherited, fostered, persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

*A large proportion of diseases are the result of imperfect digestion.*

*In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with Lactopeptine.*

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE.* She was a married lady, who five years ago became afflicted with diarrhœa, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

——oo——

NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy. H. E. HUNTER, M. D.

——oo——

WEST NEWFIELD, ME., June 14th, 1875.

*LACTOPEPTINE* seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

——oo——

WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years. JAMES M. WILSON, M. D.

——oo——

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

——oo——

EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

——oo——

CORTLAND, DE KALB CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

* We desire particularly to call the attention of the Profession to the great value of LACTOPEPTINE when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

*One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces.*

*One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.*

CHILLICOTHE, MO., September 4th, 1874.

I have used *LACTOPEPTINE* this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used. J. A. MUNK, M. D.

——oo——

FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your *LACTOPEPTINE*, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

——oo——

WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your *LACTOPEPTINE*, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the *LACTOPEPTINE*, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered. Very truly, E. B. SMOKE, M. D.

——oo——

INDIANOLA, IOWA, December 11th, 1874,

I consider the *LACTOPEPTINE* a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the *LACTOPEPTINE* she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomting stercoracious matter; had retained no nutrition for several days. I gave the *LACTOPEPTINE* with immediate relief. Ingestion was retained I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the *LACTOPEPTINE* was his *sheet anchor*. I am now using the *LACTOPEPTINE* in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine. C. W. DAVIS, M. D.

——oo——

CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe *LACTOPEPTINE* to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, *LACTOPEPTINE* invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used *LACTOPEPTINE* in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

——oo——

MO. VALLEY, IOWA, November 12th, 1874

Some months since I saw in a medical journal a notice of your *LACTOPEPTINE*. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine did'nt hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

*One drachm of Lactopeptine will transform four ounces of Starch into Glucose.*

*Pancreatine and Diastase are more important digestive agents than Pepsin.*

## COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing *LACTOPEPTINE* as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. *LACTOPEPTINE* is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsionizing fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

——oo——

AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE *ATLANTA MEDICAL AND SURGICAL JOURNAL*, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples *LACTOPEPTINE*" was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbolic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

### TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills, Elixir, Syrup, Wine and Troaches.

*LACTOPEPTINE is also combined with the following preparations :*

### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children

——oo——

### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

——oo——

### ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

*REED & CARNRICK manufacture a full line of Fluid Extracts.*

## BEEF, IRON AND WINE WITH LACTOPEPTINE.

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

—oo—

## ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

—oo—

## ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.

A valuable combination in cases of Dyspepsia attended with Nervous Debility.

—oo—

## ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

—oo—

## SYRUP LACTOPEPTINE COMP.

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

—oo—

# FORMULÆ.

*The following valuable formulæ have been contributed by* J. KING MERRITT, M.D., *who has used them with great success in his practice :*

NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.

| | | | |
|---|---|---|---|
| ℞ | Liquid Lactopeptine, | | dr. vi. |
| | Fl. Ex. Cinchona Comp, | | dr. i. |
| | Fl. Ex. Taraxacum, | — | |
| | Tinct. Zingiber, | aa | dr. iii. |
| | Hydrochloric Acid Dilut., | | dr. i. |
| | Spts. Lavender Comp., | | dr. ii. |
| | Sulphate Quinia, | | grs. xl. |

M. *Dose.*—One teaspoonful every two or three hours.
SIG.—Quinine mixture or tonic mixture.

### REMARKS.

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.

| | | |
|---|---|---|
| ℞ | Liquid Lactopeptine, | dr. vi. |
| | Fl. Ex. Cinchona Comp, | dr. i. |
| | Tinct. Zingiber, | dr. iii. |
| | Spts. Lavender Comp, | dr. v. |
| | Aromatic Sulphuric Acid, | dr. i. |
| | Essence Menth, Pip. or Gaultheria, | gtts. x. |
| | Sulphate Quinia, | grs. xl. |

M. *Dose.*—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

NO. 3.—FOR MALARIAL DYSPEPSIA.

| | | |
|---|---|---|
| ℞ | Liquid Lactopeptine, | dr. fl. vi. |
| | Fl. Ex. Cinchona Com., | — |
| | Tinc. Nux. Vomica, | aa dr. xi. |
| | Spts. Lavender Comp., | oz. ss. |
| | Hydrocyanic Acid Dilut, | dr. ss. |
| | Syr. Aromatic Rhubarb, | oz. ss. |
| | Sulphate Quinine, | dr. ss. |

M. *Dose.*—One tablespoonful with water *ad libitum* at meals (before or after), and *at bed time if required;* also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, *in case the patient should suffer from positive signs of indigestion, although the dose of Formula No. 3 has already been taken at the meal time,* either immediately before or after eating, in accordance with the rule or foregoing instruction.

NO. 4.—FOR CHRONIC DIARRHŒA.

| | | |
|---|---|---|
| ℞ | Liquid Lactopeptine, | dr. vi. |
| | Liq. Opii. Comp. (Squibbs'), | dr. iii. |
| | Nitric Acid Dilute; or, Aqua Regia Dilut., | dr. i. |
| | Syr. Aromatic Rhubarb, | dr. ii. |
| | Pulv. Nit. Bismuth, | dr. ss. |
| | Aqua Camph., | oz. ss. |

M. *Dose.*—One tablespoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and *this rule,* should be *persisted in* for two or three days, or until the diarrhœal tendency has been entirely subdued.

——oo——

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| Ginger, | 3 grs. |
| Coriander, | 5 " |

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| Ex. Cannabis Indica, | 1-16 | " |
| Ginseng, - - - - | 1 | " |
| Carb. Iron, - - | 1 | " |

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*MAY, 1876.*

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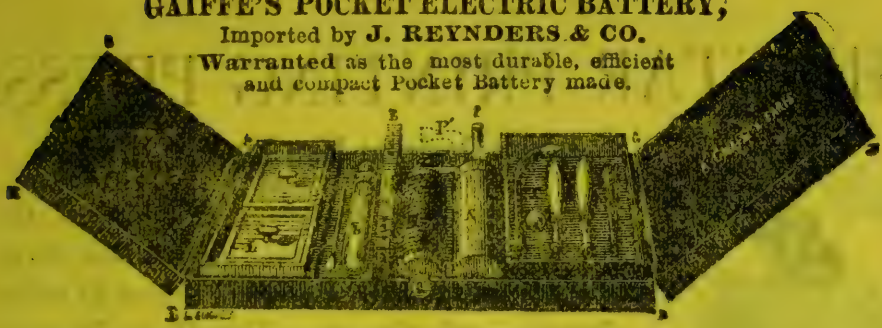

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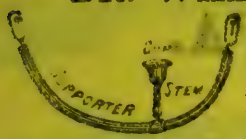


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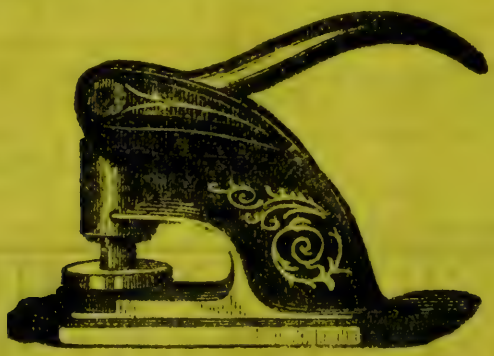

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Vol. 1. WHEELING, MAY, 1876. No. 7.

## Original Communications.

### Art. 1.—EXTRACT FROM CLINICAL LECTURE ON STONE IN THE FEMALE BLADDER.

By HUNTER McGUIRE, M. D.,

President of Association of Medical Officers of the Confederate States Army and Navy; Professor of Surgery Medical College of Virginia, Etc. Richmond.

Reported by HUGH M. TAYLOR, M. D.

ARENA ROSS, negress, æt. 40 years, was received into the College Infirmary, Feb. 2d, with symptoms of stone in the bladder. She states that she is married, and has had 13 children, 6 of whom are now living, the youngest being two years old. Soon after the birth of her last child, or two years ago, she had an attack of severe pain in her right kidney, which was immediately succeeded by symptoms of stone in the bladder. Previous to this she never had vesical trouble of any kind. She has now great irritability of the bladder; frequent and painful micturition; partial incontinence; occasional hæmaturia, and other rational symptoms of the presence of stone. The next day, the stone was readily discovered with the sound, and its large size determined by catching it several times with a lithotrite, introduced for that purpose. It measured in its largest diameter 2½ inches, and in its smallest 2¼ inches. The

woman was put to bed, an infusion of Uva Ursi and Hops (℥i of each to Oij of boiling water,) given her to drink, and a vaginal suppository of Ext. Belladonna and Morphia introduced every night, to allay pain and procure sleep.

Feb. 7th, the woman was brought before the class; chloroform having been given, she was placed upon the left side, and a broad bladed Sims' speculum introduced into the vagina. A steel sound with a short curve was passed through the urethra into the bladder and made to project against the vesico-vaginal septum, just behind the urethra. Guided by this sound, a sharp pointed bistoury was pushed through the septum into the bladder. One blade of a pair of scissors was then introduced through this wound and a longitudinal incision two and a quarter inches long made in the vesico vaginal septum. Through this opening the stone was easily removed with the forceps. The hemorrhage was slight, and in a few minutes ceased sufficiently to allow the sutures to be introduced. The edges of the wound in the vagina were brought together with ten iron-wire sutures. The woman was then placed in bed, and a simple drainage tube of fine gum tubing passed into the bladder through the urethra. This soft tube is preferred by Dr. McGuire to any metal female catheter. It is more certainly and easily retained, is lighter and produces less pain and irritation than the metal instruments.

The attention of the profession was called to this method of keeping the bladder empty by Dr. McGuire some months ago in an article on "Drainage in obstinate chronic inflammations of the female bladder." [See *Va. Medical Journal*, April 1874.] The tube selected was made of the finest gum, was about 12 inches long, and two inches of it, or that portion which was to be placed in the bladder, perforated by a shoe-punch with holes about half an inch apart. The tube is secured in the bladder by fastening strips of tape to it with a solution of caoutchouc in chloroform, or by carrying a fine needle armed with a silk thread through the wall of the tube, taking care not to enter the canal of the tube with the needle. The tapes or silk thread are tied to a band passed around the woman's hips. Another method, suggested by the Hospital Surgeon, Dr. Moncure, and used also in this case, is to carry the tube through a circular flat piece of cork, the one found in the ordinary Quinine bottle will do. An opening is made in the middle of the cork just large enough to allow the tube to pass, not tight enough to compress it but merely

to require some force to pull it out. Tapes fastened to the cork, which fits close to the vulva, are tied to the band around the hips and the tube thus securely lodged in the bladder. The free end of the tube is put into a common bottle to catch the urine.

The patient was permitted to lie at will, upon her back, or on either side; no anodyne was given or required; diluent drinks were ordered, and after the first day a pretty liberal diet permitted. Her bowels moved every day. On the 8th day the sutures were removed and the wound found closed, the tube was however kept in five or six days longer that a firm and safe union might be secured. On the 16th day the woman was sent home well. In his remarks upon this case, Dr. McGuire said, that stone in the female was comparatively so rare, and the statistics of the different operations performed, and their results so incomplete and unsatisfactory, that no definite and fixed rules of guidance were laid down for the young surgeon. Stone in the male was so common, the statistics so large, and the rate of mortality after operations so well understood, that distinct and specific rules were given.

The operation advised by most writers for stone in the female, was dilatation of the urethra, either slowly and gently as some do with bougies, sponge-tents, etc., or rapidly as others prefer with Weiss' dilator, or the speculum. It is stated that stones over two inches in diameter have been successfully removed in this way. Dr. McGuire believes that the word successful in some of those cases, had reference to the mere removal of the stone, and not to the real issue of the operation. Injurious consequences would certainly follow such violence to the bladder and urethra. He knew of cases, reported as successful operations by dilatation of the urethra, which resulted in complete incontinence of urine. A sensitive woman with incontinence of urine is as much an object of pity as one with stone in the bladder. We all know how easily a surgeon can introduce his finger into the female bladder when the woman is under the influence of chloroform, but it certainly is not always safe to do this. A case now under his care exemplifies this,—a married lady 24 years old, consulted her physician about a year ago, for obstinate chronic cystitis. The case resisted the ordinary remedies, and her physician thinking there might be some growth in the bladder, introduced his finger through the urethra and explored the organ, complete incontinence of urine followed the operation. Nearly every known reme-

dy has been faithfully tried, but still the incontinence remains. On examining her bladder and urethra, Dr. McGuire found the meatus contracted to probably its original size, but the vesical end of the urethra, and mouth of the bladder, loose and relaxed, with all sphincter power destroyed. In answer to the urgent appeals made by this lady and her husband, for relief from this distressing condition, Dr. McGuire proposed, and will probably soon perform, the following operation. The parts being exposed with Sims' speculum, a knife guided by a staff in the bladder, should be carried through the vesico-vaginal septum half an inch or more behind the vesical end of the urethra, and a longitudinal and eliptical piece cut out from the neck of the bladder. The knife should be carried straight down through the septum, so as to squarely divide the fibres of the sphincter muscle. The vesico-urethra-vaginal fistula thus made should be closed by silver-wire sutures in the ordinary manner. In this way, the diameter of the neck of the bladder would be diminished, and the torn and overstretched sphincter muscle materially shortened. What the result of this operation will be, of course, cannot now be told.

He mentioned this case as a warning to young surgeons, against reckless dilatation of the female urethra. He did not believe that it was ever necessary to introduce the finger into the female bladder, for the sake of diagnosis. The sound, in the hands of a competent surgeon, was sufficient for all diagnostic purposes. He did not believe that we are justified in paralyzing the sphincter of the bladder for the sake of drainage, since the drainage tube for this purpose had been suggested by him some months ago. With all the facts before him he thought we would not be warranted in attempting to remove a stone over half an inch in diameter from the female bladder, by dilating the urethra. He had no doubt it had been done successfully, and with no bad after-effects, but there was great danger in all of these cases of the terrible consequences of incontinence of urine.

Lithotomy in the female, is acknowledged by nearly all writers, to be so commonly followed by incontinence of urine that it has been almost universally condemned. The urethra and neck of the bladder have been divided transversely, obliquely, vertically and bilaterally; indeed the operation has been performed in every possible direction, and almost always with the same unavoidable result of incontinence of urine.

Liston recommended notching the neck of the bladder on each side, and then dilatation of the urethra. This plan has no advantage over either of the preceding methods.

It would appear at the first glance of the question, that Lithotrity offered more advantages in cases of stone in the female than any other plan of operation, but it is really not so. When the bladder is much diseased, or the stone is very hard or very large, or when some renal disorder complicates the case, lithotrity is inadmissible—and when the case is one which seems suitable for this method, it is frequently a very difficult operation to perform, more difficult, Dr. McGuire thought, than lithotrity in the male. The absence of the prostate gland, and of the smooth fixed trigone, which we find in the male bladder, the slight prolapse of the posterior wall of the bladder which, along with the anterior wall of the vagina, we find in almost all women who have borne children, the sometimes sacculated or perhaps displaced bladder, and the greater nervous excitability and irritability of the female, are some of the more important explanations of this difficulty. Theoretically, on account of the short and easily dilated urethra, we would conclude that lithotrity was easily done,—and to catch a large stone in the grasp of the instrument, aided, if need be, by a finger in the vagina, is not difficult to do, but those who have tried it, and practically know something about it, will tell you that it is not always so easy to pick up and crush the smaller fragments.

When the bladder is healthy and the stone small and soft, and can probably be removed at one sitting, lithotrity is doubtless the proper operation. It is certainly preferable to dilatation, or dilatation and incision, or any form of lithotomy in the female yet devised. Dr. McGuire thought that when there was severe vesical trouble, or renal disorder, or the stone was large or hard, or other complications mentioned were present, that the very safe and expeditious plan of removing the calculus by incision through the vagina, should be practised.

Thanks to the genius of Sims, who has given us the duck-billed speculum and the metalic sutures, there is now no danger of a fistula following this operation.

## Art. 2.—HYDROCHLORATE OF AMMONIA—INTRODUCTORY REMARKS ON CIMICIFUGA RACEMOSA.

By P. R. REAMEY, M. D., Traylorsville, Va.

IN the January No. of the STUDENT my old friend Prof. Loving, has set the good example before the profession in publishing his excellent article on Cimicifuga Racemosa, to remind us of the "effects and uses of a valuable but neglected medicine." Eight and twenty years ago I was accustomed to follow my fellow-student, *haud æquo pede*, as we essayed

——"Those rugged places which lie
Between, adventurous virtues early toils,
And her triumphal throne,"

and to-day, I rejoice that I am able to add my testimony in favor of the Cohosh as "a means of cure in certain nervous diseases, especially in chorea." In sciatica, lumbago, certain forms of neuralgia, rheumatism, amenorrhœa, ovarian and uterine affections in which severe pain is a prominent element, alone or in combination with the alkalies—the bromides, iodides, and especially the hydrochlorate of ammonia—it will be found a valuable means of cure. In the form of a tincture, it has long been used by the common people for bitters; the decoction, for a sweat in colds, pneumonia, pleurisy, and sore-throat; and the dry powder as a "condition powder" for horses, by our old farmers.

I am not aware that it has ever been used to any great extent as a substitute for ergot by the regular physicians of this part of Virginia, but have reason to believe that like the *Scrophularia nodosa*, *Gossypium*, etc., its oxytocic powers were not unknown to slaves before the war, and to certain "Root Doctors" who infest the country, and who, while parading the deaths by mineral medicines, hesitate not to employ the deadliest herbs nor to commit the most atrocious crimes—for a compensation!

I beg to call the attention of the profession to another of those valuable but neglected remedies, whose powers are totally denied by some, and lauded by others,—which has fallen into complete disuetude in some countries, but regarded by the Germans generally (despite Niemeyer's opinion) as a remedy of great efficacy, an opinion in which a certain number of practical physicians in this country do not concur. I allude to the HYDROCHLORATE OF AMMONIA.

The muriate of ammonia or "Sal Ammoniac," known to Hindoos and Egyptians before the days of Herodotus, was originally prepared by sublimation from the soot in the combustion of camel's dung by the latter people, but, thanks to modern chemists, it is now manufactured from the soot of coals, or a mixture of coals, salt, and animal matters with clay, or, as in Paris some years since, by the union of ammoniacal vapor with muriatic acid gas, and is furnished to the profession and the arts at a comparatively trifling cost—the crude variety being imported to the United States from Calcutta, and the refined from England, France and Germany.

This salt, as Sal Ammoniac, is too well known to need description. It is, when pure, white, odorless and permanent; it has a sharp, bitter or somewhat alkaline taste and a slightly acid reaction; if heated in the flame of a candle it readily sublimes; is soluble in two and half parts of water at 60° and in one part at 212°; it is partially soluble in alcohol; not easily pulverized unless previously dissolved in boiling water and allowed to cool and granulate; is incompatible with sulphuric or nitric acids, with potash, lime or soda, and those metalic salts whose bases form an insoluble compound with muriatic acid.—(Amer. Med. Dispens.)

Externally, the muriate of ammonia has been used either as a plaster or a lotion, for generations; in bruises, burns, chilblains, erysipelas, eczema, scrofulous and other indolent tumors; in scabies, urticaria and other cutaneous diseases attended with itching; in herpes, and other diseases in which "coldness will diminish the sense of heat and uneasiness of the part, and the subsequent stimulus may excite a healthier action in the vessels." A lotion of muriate of ammonia, alone or in combination with camphor, morphia, aconite, arnica, etc., etc., in proper proportion and proper solution, will be found of singular benefit; as a gargle in diphtheria, putrid sore throat, or, according to Prof. Mitchell, "an inflamed sore throat in which a prominent symptom is a burning in the fauces;" in aphthæ, or a scalded mouth and throat; and also in profuse ptyalism, it often acts like a charm, and may generally be used with profit.

In sub-acute opthalmia, of the strength of two or three grains to the ounce of water, this medicine has been long used by the French and German physicians quite successfully, and I hesitate not to assert my faith in the muriate is quite as great in such cases, as in the Argenti Nitras, Zinci Sulphas, and other well-known salts which en-

ter into the various collyria of the day! If the readers of this paper are accustomed to treat gonorrhœa and leucorrhœa at any time, by the syringe or by the "antiphlogistic contacts of the nitrate crayon," let me advise the employment of an occasional injection of 30 to 60 grains of the muriate to an ounce of water in their stead, allowing its pretty free use internally, dissolved in flaxseed tea or a tea of the chimaphila umbellata at the same time,—and then, Mr. Sceptic, congratulate yourself that you have added another weapon to your armamentarium, by which you can often cure "cito tuto et jucunde" without Bennett's speculum or Lallemand's *porte caustique* either!

In gangrenous sores, bed-sores, otorrhœa, and phlegmonous erysipelas, a half ounce of the powder to twelve fluid ounces of water, is useful as a wash, though not to be used to the exclusion of carbolates, and other valuable disinfectants known to the present age. The muriate of ammonia alone dissolved in water, or with the nitrate of potash, five parts of each to sixteen of water, lowered the thermometer from 50° to 10° in a few minutes, according to the testimony of Dr. Walker, in the Phila. Transactions, 1801, as quoted by Pereira—a degree of cold which if applied to hernial tumors and hydroceles, as recommended by Sir Astley Cooper and other surgeons; to the spine, head and throat, in certain cases of poisoning, apoplexies, diphtheria, and cerebro-spinal meningitis,—may often be found of especial use by physicians practising in the country where frigorific mixtures are not always to be easily procured, when needed for instant use.

The learned Dr. Paris, in his memorable book on Pharmacologia, has eulogised a plaster, made by incorporating soap, ℥j; lead plaster, ʒij; to which when nearly cold, ʒss of finely powdered muriate of ammonia is added; this plaster is, says he, "a powerful stimulus and rubefacient, and should be applied immediately after it is formed, and to be renewed every twenty-four hours," its virtues depending, he says, on the ammoniacal gas formed by the alkali of the soap combining with the muriatic acid of the muriate of ammonia. Dr. Paris and others recommend its use in rheumatism, pulmonary affections, angina pectoris, pleurodynia, cervical and sacral neuralgias, and other complaints in which "stimulants, resolvents, or discutients" are needed. A few grains applied to a carious tooth upon a little pledget of cotton, will frequently act like magic in that dis-

tressful affection the toothache, and the snuff-taker is often indebted to this article for the most pleasant of his nasal titillations!

I have thus far briefly glanced at the external uses of this valuable article; of course I do not wish to be understood, as advocating its use either externally or internally to the exclusion of other valuable remedies, nor am I in the habit of relying upon the muriate *per se* in many; I use it oftenest in combination, just as I use calomel, iodide potash, opium and other well-known articles, singly or combined, in large or small doses, as the occasion may require; and though I was educated to believe it inert or nearly so, and am well aware of the fact that Niemeyer and others in Germany oppose its administration, I have learned to believe in its power, to estimate its value, and have so often witnessed its benefits, that with confidence I employ and recommend it to others, conscious that the Latin Poet hath writ—

> "Segnius irritant animos demissa per aurem
> Quam quæ sunt oculis subjecta fidelibus,"

and Broussais, in his immortal work on inflammation, declares the truth—

> "Medecin est enriché par les faits seulement."

Muriate of ammonia is "refrigerant, laxative, diaphoretic or diuretic" according to its mode of employment; in large doses it follows the general rule of salts and may act as a purgative, in very large doses it is an irritant poison, producing vomiting and delirium, gastritis, and oftener gastro-enteritis, to relieve which there is no chemical antidote, but the stomach must be emptied, mucilaginous drinks administered, and the accompaning gastritis be attacked promptly and vigorously. I have never witnessed its poisonous effects, though in some instances the patients have used the medicine, in xx to xxx grain doses, twice or thrice daily for weeks, or even months—in larger quantities. In certain neuralgic cases this quantity may be administered every hour or two, until the pain is relieved, either in camphor water, tincture hyoscyamus, ginger or clove tea, or other vehicle; ordinarily the dose is about ten or fifteen grains three times a day when we desire its alterative action, increased or diminished as its effects on the kidneys or bowels may suggest. Dr. Thos. D. Mitchell speaks of a case of Phthisis in which a drachm was administered every two hours, and a pound used in the course of three

months, "night sweats, general debility, and sick stomach obviously abated, and the patient greatly improved!"

Sir Thomas Watson recommended half drachm doses, three times daily, in that troublesome and tedious affection the *face-ache*; it will be thus seen that the remedy is perfectly safe in large doses, were it necessary to so administer it, which is not very often the case—not oftener than calomel or opium or ergot or any other remedy, when "timous occasion" demands.

The remedy has been administered with happy effect, in obstinate intermittents when quinine and arsenic have failed to cure the chills. In those cases wherein the spleen, liver, uterus and ovaries, or the lungs have been left in a state of partial chronic congestion, which interferes with their accustomed functions, and in which the seeds of the original intermittents germinate afresh, after a long interval of repose, this medicine in combination with quinine and iron, acts with promptness, and exerts a happy influence.

In asthma and chronic bronchitis of old persons, it may be given with senega, ipecac, wild cherry, tar-water or other medicines not incompatible;—with boneset, horehound, sage, cohosh, whiskey, lobelia digitalis and the like as the physician prefers, and either by its peculiar effect upon the nervous system, or by rendering the secretion less viscid, or by dissolving the thickened envelopes of the blood-vessels, as some assert, or by setting up a new action in the bronchial mucous membrane, I know not, but the *fact* is one that may enrich medicine, and as such deserves a record—at least a fair trial, without "fear, favor or prejudice" at the hands of the doctors.

"In mild inflammatory fevers—in inflammation of the mucous and serous membranes, such as dysentery, peritonitis, bronchitis, urethritis, gastritis, etc., when the secretions and exhalations are not yet established," it is used by the German Professors as a substitute for mercury.—(Pereira Mat. Med.)

In all glandular affections, scrofula, mesenteric disease, chronic buboes, enlarged prostate; in diabetes, in chronic degeneration of the kidneys, and, in one word, wherever there is a broken down constitution, and a state of induration, enlargement, chronic congestion, and an absence of healthy secretion in the important organs, there this remedy is one of our best alteratives; and if its use be patiently and methodically prolonged far enough, it will best repay your *patience* and your *patients* in the end.

Years ago Dr. Somervail, of Virginia, began to administer it in ischuria, a practice followed by Prof. Grillo, and for several years by the writer with much satisfaction; several cases of hematuria were treated by him last year, with this salt, besides several cases of vesical catarrh, and chronic gonorrhœa in the male, also leucorrhœa with uterine ulcerations, etc., all of which *post hoc vel propter hoc* were cured or greatly relieved, after using it in some form—alone or in combination.

Sundelin whose remarks are quoted by Pereira and other writers, says "It appears to reduce moderately the action of the heart and arteries. * * * * But it acts as an excitant and irritant to the venous and arterial capillary systems, to the lymphatic vessels and glands, to the skin and kidneys, and especially to the mucous membranes, not only increasing secretion, but also improving nutrition and assimilation, and counteracting organic abnormal conditions (as tumors, thickenings and relaxations) so frequently met with in those structures. It promotes not only the mucous secretions, but also cutaneous exhalation and even menstruation.

"Its diuretic effects are less obvious. * * * Sal Ammoniac operates like the more powerful alterative agents. In some respects it resembles mercury; but is less liquefacient and resolvent, etc. I have administered large doses of it against thickening of the mucous membrane for months, without remarking any injurious effects beyond those mentioned, * * * and finally advises it as an emmenagogue, in amenorrhœa, in cases dependent on or connected with uterine inactivity." Dr. Sam. K. Jackson, of Norfolk, in a paper on typhoid fever read before the Med. Soc. of Va., in 1873, uses the following language in speaking of the coma in that fever. "If the brain refuses to be aroused, and the tongue remains obstinately hard and dry, the eye fixed and dry, the jactitation giving place to subsultus, the *prince* of *remedies* in this state of things is the HYDROCHLORATE of ammonia which effectually dissolves the thickened envelopes of the blood corpuscles," etc , etc., etc.

The remedy has at various periods received the sanction of such high authorities, as Neligan, Meigs, the Coopers, Fuller, Copland, A. T. Thomson, Sobernheim, Van Swieten, Fishcher, and a host of others, in the various diseases to which I have briefly alluded, especially in their chronic stages, after the acute inflammations have passed away, but have left behind their well-known effects. In the

Dublin Press and Circular for Aug., 1868, that accurate observer and accomplished physician, Dr. I. Waring Curran, after detailing several cases of ovarian neuralgia, successfully treated with an eight ounce mixture, of two drachms of the mur. ammonia, and five drop doses of the tincture of aconite, which "combination seemed to act magically," relieving the patient before the bottle was gone, says: "Although I am at loss to account for the inexplicable property possessed by the muriate of ammonia in curing ovarian neuralgia, I can unquestionably vouch for its efficacy in the same way as the French and German authors first bore out its high character and undeniable specific action as a stimulant in mucous fevers, when the inflammatory symptoms have subsided," to all of which the present writer would consent, after many years of patient if not laborious investigation of its therapeutical effects.

*Haud merita laus opprobium est* is as true in the medical as in the moral world, and I repeat, that in offering this salt to the profession, I do not believe it a "king cure-all," a panacea for all human ills, neither do I use it in my practice to the exclusion of mercury, iodine, and other alteratives; occasionally it precedes, sometimes succeeds, and very often accompanies them; it has failed to cure the very diseases for which I and others prescribe it, but of what article of the materia medica can we say more? This much at least I will affirm, that after many years of extended and varied practice, an unusual success has attended me, due in my humble opinion less to the "wisdom of experience" or a "change of type in diseases," than to the employment of this old valuable, but neglected salt! I may—to quote Trousseau—have learned, "to recognize the inherent forces of the living economy," to rely a little less on myself, and a little more on the wonderful aptitude of the tissues and apparatus which constitute the animal machine; I may know his great aphorism by heart—"To know the natural progress of diseases is to know more than the half of medicine"—be it so, but as Galileo said when he abjured, "still it moves"—yet, I believe!

If it has failed to cure consumption, so have cod liver oil, digitalis, phosphates and all: intermittent fever, so quinine and arsenic: a congested liver, so mercury: leucorrhœa, so nitrate of silver and iodine: chronic gastritis, ovaritis, nephritis, etc., so bismuth and pepsin, and opium and iron and yeast, *usque ad nauseam.*

That which perturbs, or tranquillizes, that which binds or loosens,

that which supplies the blood with its lost elements, or abstracts from it the peccant humors, can be easily administered, is taken with confidence by the patient, and its effect as patiently awaited by the physician; hence the popularity of emetics, catharties, iron, phosphates, opiates and bitters and blood purifiers, but as hope long deferred maketh the heart sick, so faith grows weak and physician and patient alike cease to rely upon an alterative, slow it may be, but surely and silently like the coral under the surface of the waters, is working out its destiny. Too much may be expected of it, or some other medicine is administered in its place, and that which was last prescribed gets all the credit of a cure which that which is so accursed, has really often effected. Hence the *Judicium difficile* of of Hippocrates, is a "very truth."

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## Art. 3.—A NOTE ON THE TREATMENT OF DIPHTHERIA.

By Z. COLLINS McELROY, M. D., Zanesville, O.

IN March, 1872, I was attacked with a severe form of diphtheria. Prior to that time I had studied the disease from the usual standpoint in practice—just as we are accustomed to witness a dramatic representation, in front of the foot-lights; but after it was my *privilege* to study it behind the foot-lights—to become acquainted with its painful reality, I was a wiser man in regard to what transpires in the bodies of my patients suffering from the disease.

My sickness was nature's own way of repairing damages to my structure which occured before my illness. And that, I think, applies with equal force to all sickness of an acute character. Material which would, under other circumstances, have risen to the dignity of tissue forms, escaped through existing structures as slime and mucous. And part of the slime and mucous that did escape was no doubt partly from disintegration of existing tissue at the commencement of my sickness.

There is not, in the vast bulk of patients, sufficient knowledge of the processes actually transpiring in their bodies to trust them with medicine as I used it; so that some mode and regularity in prescriptions becomes necessary. I have not lost a patient by diphtheria, old or young, for many years. An event not due, perhaps, to superior professional management so much as to my not having any

that were, what is called, bad cases. For, if the structures of any given body are damaged beyond its power of repair, death is a necessary result, no matter how managed, professionally.

For the bulk of cases, where the temperature does not remain high, or does not reach higher than 103° or 104°.F., I seldom make more than one prescription, and am not often called to supplement it by other measures, except in in severe cases, by some opiate to relieve headache, or something to open the bowels. In the latter case, I do so by half grain calomel granules, one every six hours, the desired evacuation almost always occurring within 24 hours. The prescription almost always used for an adult is about as follows:

| | | |
|---|---|---|
| ℞—Chlorate Potass, | | ʒj. |
| Dilute Alcohol, | | |
| Pure Water, | aa | f ʒvj. |
| Tinct. Capsicum, | | f ʒiij. |
| Liq. Ferri Per. Chlor. | | f ʒj. |

Sig.—A teaspoonful in a wine-glassful of water, to be wasted as a gargle each time.

After gargling, a tea-spoonful in a table-spoonful of water, more or less, to be slowly swallowed and repeated every three to six hours.

This simple plan of treatment may be varied by increasing or decreasing the quantity of the Per. Chloride of Iron. For very young children sometimes only five to ten drops, to the two ounce mixture seldom exceeding the drachm called for in the prescription, for adults, preferring to increase or decrease the frequency of its administration. The Liq. Ferri Per. Chlor. is not the muriated tincture of Iron, though the preparations are both per. chlorides. I do not get the same results from the tincture, as I get from the solution, and, therefore, do not now ever prescribe the tincture, though I have thought druggists sometimes use it under the impression that they are identical. I have often to write on prescriptions "not tincture of Iron." I have no doubt there are cases occurring in this and other localities requiring other agents, as Quinia, milk punch, etc., but within the limits of my practice I do not observe them.

Diet, bread and milk, to be taken whether there is appetite or not.

I think it a little remarkable that I get very small children to use this gargle, not unfrequently they ask for it when the time draws near to take it. They say it makes their throats feel better. It

saves them from having brushes or swabs put in their throats, a proceeding to which they never fail to object.

# SELECTIONS.

## Diphtheria.

AT the New York ACADEMY OF MEDICINE, on the evening of March 16th, Dr. C E. Billington read a paper on this disease and its treatment, which was especially valuable as it was based entirely upon clinical and personal experience; his observations having been made with great care and extending over a large number of cases. The records of the Bureau of Vital Statistics showed, said he, that in 1873 there were over 400 deaths from diphtheria in this city, in 1874 over 1000, and in 1875 no less than 2329. This terrible epidemic he thought could not be checked by any therapeutic methods, but could only be stamped out by the most revolutionary and active sanitary reform. Dr. Billington has enjoyed unusual facilities for the study of the disease, as he is one of the district physicians of the Demilt Dispensary, and has seen altogether about three hundred cases; of which he has careful records of about one-half.

As a result of his observation and study, he has become fully convinced that diphtheria is a local disease, at least primarily; and, though this is the opinion of a minority of the authorities on the subject, he is glad to have his views corroborated by such observers as Drs. Jacobi and J. Lewis Smith. This conclusion is based upon the following points:

*First.* The local affection commences first.

*Second.* The gravity of the general symptoms is in proportion to the severity of the local manifestations.

*Third.* The results of treatment seem to substantiate this view.

In the study of the nature of the disease, he said, three elements were to be considered:

(1) The *contagium*, which he did not propose to discuss on this occasion.

(2) The inflammation, denuding the fauces of epithelium, and resulting in membranous exudation; and

(3) The effects reflected from the inflammation upon the system

in general, are, to a greater or less extent, septicæmic in character.

Dr. Billington's treatment consists mainly in local disinfection, together with the most careful and unremitting watching and attention. The agents which he regards as most useful are the following, in the order in which they stand in his estimation: tincture of the chloride of iron, lime-water, and glycerine; and after them, salicylic and carbolic acids, sulphite of sodium, chlorate of potassium, etc. One formula which he uses in almost every case is as follows:

℞ Tinct. ferri chlor., f ℥iss;
Glycerinæ,
Aquæ, aa f ℥j.—M.
S. Teaspoonful every hour or half-hour.

Besides being very effective, it has the merit of being pleasant to the taste, which is a great desideratum for children, especially when the dose has to be so frequently repeated. If the child is under two years, one drachm of the tincture of the chloride of iron is enough, and if vomiting follows the administration of the medicine, it should not be given so often.

In connection with the above, Dr. Billington formerly employed the following:

℞ Potass. chlor., ℥iss;
Glycerinæ, f ℥ss;
Liq. calcis, f ℥iiss.—M.

A teaspoonful of this was alternated with a dose of the former; so that the patient would receive one or the other every half-hour. As a substitute for the chlorate of potassium mixture, he now generally uses the following:

℞ Acid. salicylic., gr. x—xv;
Sodii sulphit., gr. xxx—xlv;
Glycerinæ, f ℥ss;
Aquæ, f ℥iiss.—M

Here the salicylic acid is rendered soluble by the addition of three times its weight of sulphite of sodium (borax also has the same effect), so that in this prescription we have the advantages of both these reputed antiseptics, which are indicated theoretically, and really seem to be of considerable practical benefit. It is of great importance that in every case in which it is practicable some sort of spray should be used upon the throat; and the most convenient instrument with which to accomplish this is the ordinary little per-

fumery spray-apparatus now in such general use. In order to annoy the child as little as possible, it is best to employ the spray immediately after a dose of the medicine is administered. The combination generally used by Dr. Billington is the following:

℞ Acid. carbolic., m x.
Liq. calcis, f℥iv.—M.

He believes that the nasal douche or syringe has saved many lives: and even when the nasal passages, apparently, do not seem affected, it is often useful in reaching portions of the mucous membrane inaccessible to the spray. If, therefore, the breath should remain fetid after the employment of the latter, it ought to be resorted to; and the mixture mentioned above, containing the salicylic acid, is as good as any other for the purpose.

In adults or large children it may occasionally be of service to apply carefully strong tincture of iron (say two parts of the tincture to one of glycerin) to circumscribed patches of membrane; but, as a rule, topical applications of caustics or astringents by the probang or camel's-hair brush do much more harm than good, as they cause exhaustion of the little patients from their struggles to resist, excite an increased flow of blood to the part, and really occasion further thickening and spaead of the membrane.

Dr. Billington expressed the opinion (which is hardly substantiated by other observers) that quinine is worse than useless in diphtheria in children; being objectionable, if for no other reason, on account of its bitter taste, which makes every dose dreaded by the patient.

In cases attended with high secondary fever, a full dose of quinine, he thinks, may occasionally do good, but five grains of calomel has worked better in his hands. He cannot subscribe to the prevalent opinion that diphtheria will never bear antiphlogistic treatment.

Dr. Billington then proceeded to give an interesting summary of the cases which he had personally observed, prefacing his statement with an allusion to the well-recognized disadvantages to be encountered in dispensary practice. According to his observations, about sixty-five per cent. of all cases of diphtheria occur in persons under five years of age, and it is quite a rare affection among adults (except in the peculiar experience of certain irregular practitioners), even when individuals are constantly and to the fullest extent exposed to the disease. He has also found that about sixty per cent. of all the cases will recover without any treatment at all, and that

about five per cent. will prove fatal whatever plan may be adopted. Out of one hundred and two carefully tabulated dispensary cases treated by him, fourteen died, and eighty-eight recovered; while of seventeen cases in private practice, one died, and sixteen recovered.

The usual duration of the attack, from the commencement of the treatment to the disappearance of the diphtheritic membranes, was only from four to six days. Twenty-four cases in private practice, treated on the same principles by Dr. Wm. Darken, house physician to the Demilt Dispensary, show even a better result; as not a single death occurred directly from the disease, though one of the children died several weeks after the acute attack, from some unexplained cause.

A still later series of fourteen cases treated by Dr. Billington in conjunction with Dr. W. E. Bullard (in order that the patients might receive the fullest possible amount of attention) all recovered, so that we have fifty-five cases altogether, with only one death directly attributable to the disease. In a large number of these the attack was of very great severity.

From his observations, Dr. Billington has been induced to believe that a laryngeal or tracheal complication can often be prevented or aborted by the use of the spray, and that even after the membranes have been fully formed in this locality it is of very great service. Colomel has also proved useful in many cases. The inhalation of *hot* vapor, he thinks, renders the surfaces more favorable to the absorption of septic materials, and therefore injurious.

He did not express a positive opinion as to the identity or non-identity of croup and diphtheria, but apparently seemed to hold to the former view.—*New York Letter—Phila. Med. Times.*

## Propriety of Bleeding in Acute Disease.

MR. J. T. MITCHELL, who has for more than thirty years filled the office of medical director in a very large insurance company, and whose duty it has been to record the cases of death and their causes, has been struck with the frequent instances in which death has occurred from acute pleuro-pneumonia, peritonitis, and other inflammatory attacks of vital organs, in subjects, many of whom were young, and before their illness enjoyed robust health,

and has been led to the conclusion that this great mortality has arisen from the neglect of general and free bleeding in the early stages of such affections. He willingly admits there was a time when bleeding was carried to an injurious extent, and that it is only at a very early period that this remedy can be so advantageously employed, but he declares his conviction that nothing which he has observed in the extensive field of public and private practice, now protracted as student and practitioner beyond sixty years, has ever shown him that the abstraction of blood under the circumstances described has ever done harm, or has not been the most ready and efficient means of cure.

He relates the following striking example, which occurred during an epidemic of influenza in Lambeth, where he was at the time a district medical officer. "One morning, whilst he (Mr. M.'s assistant) and I were engaged among a crowd of waiting people, a young woman, in a most excited state, rushed unceremoniously into the surgery, pushing the people aside, and with great importunity came up to me exclaiming, 'Oh, sir, do come as soon as possible to see my husband, for he is dying!' I asked her from what he was suffering, his age, and his business, when she answered, 'He is a carter, and about twenty-six years of age; he was quite well the day before yesterday until night, when he was seized with difficulty in breathing, a dreadful cough, and agonizing pain in the side; his face is now perfectly blue, and his hands and feet are as cold as ice.' As her importunity was so great, I said to my assistant, 'This poor fellow evidently is suffering from acute pleuro-pneumonia; go down, and immediately take from his arm twelve or sixteen ounces of blood.' Upon which he said, 'I never bled in my life, and I have not a lancet.' I then gave him a lancet and a short lecture on bleeding, and sent him off with the poor woman: very soon after which he returned, and told me that 'the poor man was dying, and nothing would save him—indeed, he was pulseless and cold.' As soon as we had dismissed the cases surrounding us, we proceeded together to this patient's house, where I found him suffering in the manner described by his wife and by the assistant. I had seen cases much in the same state, but perhaps never under the same extremely alarming circumstances. His wife now repeated what she had told me before of his previous condition, adding that he had always been a most temperate man, and had never been ill before. Well, what

was to be done to give him any chance of relief? I said to the assistant, 'I shall at once bleed him.' This evidently excited his ridicule. 'What!' said he, 'bleed a pulseless man!' 'Yes,' said I; 'wait and see the effect of my attempt.'

"I first procured two large pails, and got them filled with water about 100°. Having placed them at the side of the bed, I cautiously raised him from the recumbent to the sitting position on the edge of the bed, and put each foot and leg into one of the pails. I then had two wash hand basins nearly filled with water of the same temperature, and placed his hands and arms as deeply as I could into them. I then tied up his right arm, for the purpose of 'raising a vein.' At first, pulseless as he was at the wrist, no vein would rise, but after a minute or two a vein became sufficiently prominent to enable me to make a free incision into it; the first effect of this was that blood flowed only drop by drop, but in a short time a small continuous stream followed, until enough blood had passed to relieve the stagnant circulation, when the stream increased, and at last it flowed *pleno vivo*—upon which my young friend's formerly sceptical countenance changed, and began to brighten with evident astonishment, and he expressed his wonderment. By this time the pulse at the wrist had become restored to considerable power, the venous livid congestion of the face had greatly lessened, and very soon it entirely passed away. I now requested the man to inspire as deeply as he could, upon which he said the pain in the chest and side was greatly lessened. I still allowed the blood to flow, until sixteen ounces had been collected in the basin, at which time he said he had no more pain, but he felt extremely faint; upon which, having secured the vein, I removed him from a sitting to a recumbent position, and gave him two grains of opium; after which, having darkened the room by drawing down the blind, we left hin, having directed the wife to give him nothing but warm milk, and as much as he might be disposed to take; and if he should fall asleep, by all means to prevent his being awoke. All this took place about mid-day, and at six in the evening we went again to see him, when we found him with a countenance bearing a natural aspect, pulse distinct and of moderate power, and about 100 in the minute; his breathing very much relieved, but still more frequent than natural; but the pain in the side had returned to a slight extent, upon which I again tied up his arm, and, from the same orifice previously made

in the vein, drew off, in a good stream, six ounces more blood; this entirely relieved him. I then repeated the dose of two grains of opium, and left him, having reiterated the instructions given in the morning. From this time, by implicit rest, sedative diaphoretic medicine, counter-irritation by mustard-plasters on the chest, and light nutritious diet—chiefly milk—he day by day rapidly improved, so as to be able to return to his work after a fortnight's interval.

"On observing the conspicuously sudden and unmistakable result which followed the bleeding, my young friend declared, as we walked from the house, that he had learnt more of practical pathology, therapeutics, and physiology relating to the functions of the heart and lungs from this case and treatment than he had gained by all his previous studies and observations made during the time which he had spent at the hospital, and in the course of his four years' previous apprenticeship, which he had passed in a large dispensary in a populous town in the West of England.

"Innumerable cases of the same severe type as the one described, perhaps few of the same very alarming character, have been treated in like manner, and with the same success, in my experience, and especially cases of puerperal peritonitis, of which twenty-seven have fallen under my treatment within the last fifty years, one only of the number having proved fatal. Therefore my faith in the judicious use of the lancet has never forsaken me during the protracted period of clamour which has so long existed against it."—*Med. Times and Gazette*, Jan. 15, 1876.—*Monthly Abstract Med. Science.*

## Softening of the Brain.

AT the Richmond, (Va.), Academy of Medicine, Feb. 3d, Dr. W. W. Parker stated that this condition often exists for long periods without being suspected. For example, the mental faculties of a man, whom he knew, seemed unimpaired 24 hours before his death; yet, *post mortem*, the brain was found to be of the consistence of clabber. He had also upon one occasion found a similar state of the brain in a child, in whom the condition was not suspected until shortly before death. The softening had evidently existed for weeks.

Dr. L. B. Edwards described softening of the brain by the term necrosis. While undoubtedly occlusion of cerebral blood-vessels is

by far the most frequent cause, he thinks that sometimes ramolissement results from a sui generis breaking down of brain cells. Nerve cells have an inherent irritability not solely dependent on the immediate blood supply. Beyond the symptoms laid down in the usual text-books, the thermometer is now coming more prominently in the field as an aid to diagnosis. For instance, Bourneville's investigations show that, in acute softening, not affecting the pons Varolii, for the first hour or two after the comatose attack, the rectal temperature ranges between 98.6° and 100°F.; after the third hour sets in, it suddenly rises to 102° or 104°, but soon descends to the normal, and then is oscillatory. On the other hand, during the first two hours after cerebral hæmorrhage, the rectal temperature is almost always below 98.6°F.; if it afterwards rises beyond 102.5°, it rarely sinks to the normal, except as the result of a second hæmorrhage. Towards the approach of fatal termination in either case, however, the mercury rises, but this rise is slower in softening than in hæmorrhage, and rarely exceeds 103° or 104°, unless the pons Varolii be implicated, when it may mount up even to 110° at the moment of death—just as occurs in some cases of cerebral hæmorrhage. Durand Farbel remarks upon increased flow of saliva and tears as a significant symptom of white softening. Other symptoms mentioned in the text-books were referred to. The important question to us as physicians is: Is there hope for recovery? If so, how is it to be obtained? There can be no question that recoveries have taken place —or at least that the disease has been permanently checked in its progress; but notwithstanding these recorded facts, in general practice the prognosis is always serious. In the acute stage, the inflammatory complications should be met on general principles. In the chronic form, or when the acute inflammatory condition has passed off, energetic, nutritious feeding is important. Phosphorus and strychnia, in combination, are the best tonic agents. To prevent the brain necrosis from extending beyond the original locality, try to establish collateral circulation, so as to keep the parts beyond the affected seat nourished by supplies of blood. The judicious use of nitrite of amyl, long continued, three or four times a day, suggests itself as an agent for this purpose.—*Va. Med. Monthly.*

# CORRESPONDENCE.

**From Philadelphia.**

April 17th, 1876.

**To the Editor of The Medical Student:**

DEAR SIR,—I trust the readers of your journal, at least, will be made aware of the fact that the people of our city do not expect to charge enormous prices for board and lodging during the exhibition season. One can readily credit the gullibility of foreigners in these matters, but it is remarkable that any one in our own land should accept these accounts as truth. Even the most extravagant of our hotels charge but $5, a day, while most excellent accommodations can be obtained as low as $2. I feel sure that even this low figure need not be paid in private lodgings, and getting meals—first-class—at the eating-houses which are near the Centennial grounds, or scattered over the city.

The drops are falling rapidly, and it looks as though the shower, or overflow, will be a big one before the 10th of May. Our streets present a queer appearance. Languages are in demand. Odd dress is the order of the day. Sight-seers are in delightful anticipation. Every holiday sees the streets crowded, the buildings richly trimmed with flags, in short, the "old quaker city" is about to have a jolly time, from which it will take us a good while to settle down to quiet conservatism. I am afraid we will be so completely "waked up" from our slumbers that we will not soon get to sleep again, and then what will the "old fogies" do?

Our census, just completed, gives us a little over 800.000 people, a gain of 150.000 in five years. The females are a good deal in excess, which, it is feared, will make marriageable men in great demand. For that reason, such persons had better get married before they come here. This is leap-year, and the ladies are not to be trifled with. Of course, rich men are preferable, those can come on first; next, those who want some one to support them. The market is well supplied. By the way, I neglected to say that foreigners are in great demand. A title must be thrown in; no character required. This much for badinage, but really our Philadelphia ladies are so charming that susceptible gentlemen unprovided for, had better not risk their hearts here.

The health of the city is quite good. We are having an unusual amount of a so-called influenza, which is short in duration, but disagreeable while it lasts. It keeps the profession quite busy, but, I am happy to say, adds nothing to our bill of mortality.

Do not fail to be with us in June.

Yours truly, PHILOS.

## From Cincinnati.

April 14th, 1876.

To the Editor of The Medical Student:

DEAR DOCTOR,—I have only a few notes and items to offer at present.

On the evening of March, 13th, the ACADEMY OF MEDICINE re-organized for the ensuing year by the installation of the newly elected officers. Before retiring from the chair, Dr. Jessup made some excellent remarks. After thanking the members for the courtesy shown him during his term of office, he reviewed the work of the Academy for the last year, and taking it for his text discussed the benefits of societies. He said—"it would be superfluous to argue the advantages of medical associations; they are obvious to all but the hopelessly ignorant, and the hopelessly conceited. There is no remedy more effectual in curing the egotism of a medical ignoramus than joining a good medical society, where he will have ample opportunity to compare himself with men of real ability. There is nothing that more improves the esprit de corps of the profession, than well-conducted medical societies. We acquire more enlarged and liberal views, not only of professional matters, but of professional men by frequent intimate association. * * * * In conclusion, I will express the hope that the present prosperous condition of the Academy may continue and increase, and that it may accomplish the objects of its founders, namely—cultivate honorable fellowship, promote our own advancement in medical science, and contribute to the maintenance of the highest standard of excellence in our profession." Dr. Jessup then introduced his successor, Dr. C. S. Muscroft, who made a few remarks, and then the Academy proceeded to business.

Dr. C. O. Wright reported a case of acute rheumatism treated by the internal administration of Salicylic Acid (12–18 grs. daily, in divided doses.) Patient seemed much relieved, and the fever abated in a short time.

Dr. Fogel reported a case of profuse and exhausting hemorrhage from the urethra, following an attack of gonorrhœa, which yielded to 30 drop doses of fluid extract of ergot.

On March 19th, Prof. W. W. Dawson performed gastrotomy for the relief of acute obstruction of the bowels of ten days' standing. The incision, as usual, was made in the median line. The exploration failed to reveal the obstruction, but discovered an immensely distended small intestine which was of a purplish hue and very fragile, giving away several times during the examination, and which finally necessitated the abandonment of any further search after the obstruction. The patient survived for eight hoursafter the operation. At the post mortem, (18 hours after death) it was found that the obstruction was eight inches

above caput cæcum, and was caused by the bowel being folded upon itself, and bound down by inflammatory bands. From the point of obstruction to the stomach, the bowel was immensely distended and almost gangreneous. The average circumference of the distended bowel was 8½ inches.

At the GOOD SAMARITAN HOSPITAL, on the 29th of March, Prof. Dawson removed a Mulberry Calculus 4½ inches in circumference, and in weight something over an ounce and a-half. The patient made a rapid recovery. A remarkable point in the case is that the man never suffered any pain or inconvenience from its presence.

At the clinic on the 12th inst. the same surgeon trephined for the relief of epilepsy caused by a depression of the skull of over twenty years' standing. The patient was doing well when last heard from, and hopes were entertained that he would come through all right.

At the Cincinnati Hospital, on Thursday 6th inst., Dr. C. S. Muscroft performed Ovariotomy. The patient died at the end of 48 hours. This has been a very unfortunate operation in this city.

The Ohio State Medical Society will meet at Put-in Bay, June 19th. These meetings have become delightful holidays for the profession hereabouts.

Dr. Roberts Bartholow delivered an address before the Baltimore Medical and Chirurgical Society and the Maryland State Medical Society, on the 13th inst., in the city of Baltimore.

Dr. H. A. Clark resigned the Professorship of Chemistry, in the Medical College of Ohio, at the last meeting of the Faculty.

Death of Dr. Bonner. On Monday, April 13th, Dr. Stephen Bonner died at his residence on W. Seventh St. A kind hearted, genial old gentleman, loved by all who knew him, especially his professional brethren. He was never known to have spoken an unkind word of any physician. He was one of the oldest, best known, and most respected of the profession in Cincinnati. C. A.

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**From Dayton, Ohio.**

April, 10th, 1876.

**To the Editor of The Medical Student:**

IN your April number just received, I observe that your Cincinnati correspondent mentions my name "as prominent among the warmest friends and supporters" of chloroform as an anæsthetic.

If my preferences in regard to anæsthetics are worth recording I must ask you to correct this and to say that I very much prefer the "mixed

vapors"—the combination of alcohol, ether and chloroform—as first recommended by a committee of the Royal Medico-Chirurgical Society of London. I have a very decided preference for the use of this mixture for anæsthetic purposes, as compared with chloroform.

I am much surprised that a gentleman of Cincinnati should thus misunderstand my views, because I was honored with an invitation to lecture before the class of the Ohio Medical College last winter, chose anæsthesia as my subject, and the lecture was published in the CLINIC of Nov. 27, 1875. In that lecture you will read: "Practically, I have answered the question as to change of anæsthetics by an entire abandonment of chloroform except for young children, and in obstetrics. With these exceptions, I have used only this mixture for anæsthesia during several years past."

Again,—"If the question is to be pushed as to choice between chloroform and ether, I advise you to choose the latter."

Yours truly,

J. C. REEVE.

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### Gelseminum in Neuralgia.

Dr. Spencer Thomson, [LONDON LANCET,] bears testimony to the marked benefit of gelseminum in relieving neuralgic pains. He considers it most applicable to those cases in which the pain is limited to those branches of the trifacial nerve, supplying the upper and lower jaws, more especially the latter and more particularly when in either jaw the pain is most directly referred to the teeth or alveoli. He administers it in larger doses than is usually given, giving twenty minims of the tincture for the first dose and repeating any time after an hour and a half, if relief is not given. He has rarely been obliged to administer the third dose.—*Peninsular Jour. Medicine.*

### Pills for Obstinate Neuralgia.

The *Bordeaux Médical* gives the following formula for obstinate neuralgia, especially ileo-lumbar neuralgia:—

℞. Valerianate of ammonia,
Quinine, aa gr. xxx.

Make into twenty pills and take from two to ten of them each day, increasing one pill per diem. After taking these pills for ten days, suspend their use for five days.

### Large Graduating Class.

The last graduating class at the Medical department of the University of Pennsylvania was the largest for seven years.

# THE MEDICAL STUDENT.

James E. Reeves, M. D., Editor and Proprietor.

MAY, 1876.


## MEETING OF THE STATE MEDICAL SOCIETY.

THE Medical Society of the State of West Virginia will meet in this city, at Weisel Hall, 2 o'clock P. M., on Wednesday the last day of May, and it is greatly desired that there shall be a large gathering of the brethren from all directions of the state.

We believe it is the purpose of the Committee of Arrangements to give a welcome which shall do credit to the profession in Wheeling, and thus encourage the Society to start out in this Centennial year with the aim of a higher level than it has hitherto occupied, and greater usefulness in all of its exercises.

Like all other human institutions and experiences, the history of the society has not been without its ups and downs. Coming into existence so soon after the close of the war of the Rebellion and the severing of the "Mother of States" by the National Military power, and having been conceived and brought forth within the limits of perfect obedience to the Federal authority, it was compelled to encounter, for that reason, the disadvantage of local and bitter political prejudices, which, even to this day, embarrass its progress, notwithstanding the well-known fact that the author of the Society was a so-called "Rebel sympathizer."

A part of the apathy which still exists in the southern sections of the state is properly chargeable, no doubt, to the lack of convenient means of travel from "circumference to the centre," or from border to border, but, notwithstanding these drawbacks, that the membership is inexcusably small, all must admit. Even along the lines of steam communication, the most populous and flourishing towns in the state are but feebly represented. For example: starting out from Wheeling, which has 17 members, there are 4 at Grafton, 4 at

Clarksburg, 7 at Parkersburg, 3 at Point Pleasant, 2 at Huntington, 1 at Charleston, 0 at Piedmont, 2 at Martinsburg, 0 at Harper's Ferry, 1 at Charlestown; and all in all there are but 120 members,—a number that does not embrace one-half of the intelligent physicians in the state.

Besides the adverse influences above mentioned, it may have been the case that the proceedings of the society have not always been of such a character as to combat and correct the prejudices which have, without just foundation, been directed against it; that personal motives—preferences and dislikes—have, now and then, been permitted to control its action and thus oppose the very objects for which it was created namely—"the cultivation of medical knowledge; the elevation of professional character; the protection of the interests of its members, and the promotion of social intercourse among the medical men of the State;" that even its published transactions have not always been put to legitimate and honorable uses: admit all these and many other mistakes which may possibly have been made by some of the ruling powers, still the society is worthy of the hearty good will and very best energies of every regular physician in the State. The best way to improve the society is that the best men in the state should govern it; and in order to govern it, they must attend its meetings.

There are some badly needed reforms which we hope to see inaugurated at the next meeting. The most important of these, concerns the publication of the transactions. Just how much a little innocent flattery has cost the society's exchequer, and damaged its good name both at home and abroad, it would be impossible to tell. We allude to the common practice of a *motion to publish* any and every thing read before the society. The fitness and selection of papers for publication is a matter which should be left entirely to the Committee on Publication, and *they* should make it a matter of conscience in every instance.

The responsibility of appointing this committee belongs entirely to the President, and certainly he has not a more difficult task to perform. In filling it, the choice should depend wholly upon professional and literary fitness. Every sensible man is not qualified to prepare copy for the compositor, to read proof, etc. Neither has he that keen critical perception which enables him to read rapidly and mark inaccuracies; or, if competent to do the work, he may

not be willing to exercise his skill in the unpleasant duty of *striking out* the unnecessary verbiage which bedizen the majority of such papers. And if authors are not willing to submit their productions to such test, they should seek their level in a medical journal where they will find a larger reading than is usually given to volumes of State Transactions.

In proof of the justice of these remarks we offer the last volume of Transactions. The few really valuable papers which it contains are so outraged by bad proof-reading that their interest is almost entirely destroyed. Besides, the volume could have been made smaller by at least one half without injustice or discredit to any body, and much to the relief of the Treasury which had to meet an order for $200 to pay the printer. If authors had to pay out of their own pockets for the printing of their papers, what little gems of volumes of Transactions we should have!

It is not necessary to publish a volume every year, whether there is anything to publish or not. A good paper will not spoil by keeping for a year or two—poor ones never do keep, and in that way they could be easily gotten rid of by the Committee on Publication.

Finally, whenever it is deemed advisable to publish a volume, because of the accumulation of a sufficient number of valuable papers, the society should even then protect itself by an accompanying resolution declaring that "THE MEDICAL SOCIETY OF THE STATE OF WEST VIRGINIA, although formally accepting and publishing the within papers read at———, holds itself wholly *irresponsible* for the opinions, theories, or criticisms therein contained."

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DIPHTHERIA.—This disease has been so alarmingly prevalent in New York city during the last three years that it has become of the very first importance in the discussions at the meetings of the various medical societies. At the meeting of the New York Public Health Association, February, 24, Dr. John C. Peters read an extensive and most valuable paper on the history of the affection, proving that instead of being a new disease, it is really one of the oldest, —having been most fully and perfectly described by Aretæus, in the first century.

We are confident the profession of the whole country would thank Dr. Peters if he were to supplement his "History of Diphtheria,"

with the causes, differential diagnosis and treatment of the disease,—making a complete treatise.

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THE OHIO MEDICAL AND SURGICAL JOURNAL.—Under this distinguished old name, a new "bi monthly of 96 quarto pages," is to be started in Columbus, (the Prospectus does not say when?) from the press of Messrs. Nevins and Myers, and edited by Dr. J. H. Pooley, Prof. of Surgery in Starling Medical College.

There are, however, two "Richmonds in the field," for the prospectus before us says there has been issued "a circular from other parties announcing a Medical Journal under the same title." Which of these will win, remains to be seen; but it would seem probable the one that can "guarantee a circulation of 1,000 (?) copies of each issue," must have the inside track.

Dr. Pooley is a gentleman of much professional ability and possesses just that sort of energy to conduct a successful journal. We wish him abundant success.

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THE EASTERN OHIO MEDICO-CHIRURGICAL SOCIETY met at Bellaire, on the 6th ult., for the election of officers. The honors were bestowed as follows: *President*, Dr. Hewittson, of St. Clairsville; *Vice-President*, Dr. Kurz, of Bellaire; *Secretary*, Dr. John Cooke, of Bridgeport; *Treasurer*, Dr. Fisher, of Bridgeport.

This is a new society, having started into activity late last Fall, and from all we can hear of it, it is a success. The membership already embraces a majority of the best men in Belmont County. We hope to see many of the Ohio brethren, at the state medical meeting in Wheeling the last day of May.

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FOREIGN EXCHANGE.—We have received two numbers of the *Melbourne Medical Record*,—February 15th and March 1st. The March No. contains a flattering notice of the "West Virginian Medical Journal"—meaning of course (as the editor's name is given) the MEDICAL STUDENT—for which we return thanks. The *Record* is a sprightly semi-monthly, and is now in its 4th volume. The leading articles in the numbers before us are on "The Symptoms and Progress of the Summer Dysentery in Infants in Australia, by C. E. Reeves, M. D., Melbourne.

# BOOK AND PAMPHLET NOTICES.

SPECIMEN FASCICULUS OF A CATALOGUE OF THE NATIONAL MEDICAL LIBRARY.

We are indebted to Dr. John S. Billings, Assistant Surgeon, U. S. Army, for a copy of this splendid Specimen of a combined catalogue of subjects and authors, arranged in dictionary order under a single alphabet. There are many advantages in favor of the single-alphabet plan and classification from the anatomical stand point, and we are quite sure those who shall have need of searching the Library will thank Dr. Billings for his choice of arrangement.

The complete catalogue, according to the plan of the present 72 quarto pages, will make five volumes of about one thousand pages each. The library now contains about 40,000 volumes, properly so-called, and about the same number of single pamphlets; and yet, large as this number may appear, "it is only about one-half what such a collection should contain in order to place the writers of this country in such a position as regards means of reference to the literature of medicine as it is desirable that they should command."

By all means the complete catalogue should be printed and widely distributed in order to prevent the National Medical Library from becoming a sealed-book except to the few who are familiar with the extent and value of its collection.

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MORTUARY EXPERIENCE OF THE MUTUAL LIFE INSURANCE COMPANY OF NEW YORK, from 1843 to 1874.

We are indebted to Dr. G. S. Winston, the accomplished Medical Director of the Company, for a copy of this very handsome and instructive work. As a contribution to the Vital Statistics of the United States, it is of the highest value and importance. Besides, it shows the great wisdom with which the Company is in the habit of managing its affairs, which is a matter of the very first importance to the assured.

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A SERIES OF AMERICAN CLINICAL LECTURES, edited BY E. C. SEGUIN, M. D. G. P. Putnam's Sons, New York.

This series has reached its second year of publication, and is deservedly popular with the profession. The first volume, now ready,

may be had of the Publishers at the low price of $4,50. Two numbers have already appeared in 1876. The first contains a lecture by Dr. Roberts Bartholow, on "The Principle of Physiological Antagonism as applied to the Treatment of the Febrile State."

The second is occupied by Dr. J. S. Jewell "On certain forms of Morbid Nervous Sensibility." The price of single numbers, 30 cts. We commend the work to the attention of our readers.

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ANNUAL REPORT of the Board of Health of the State of Louisiana. 1875.

This is certainly the most valuable Report we have yet seen from Louisiana, and it does credit to every gentleman engaged in its production. The beautifully printed and very instructive Charts add greatly to the value of the volume.

Such reports constitute an encouraging sign of the times, and we hope to live to see the day when West Virginia shall contribute her quota to the annual fund. The President of the State Board of Health of Louisiana, Dr. C. B. White, is well known as one of the most intelligent and industrious sanitarians in the South.

---

REPORT OF THE CITY PHYSICIAN of Concord, N. H. 1875.

This neatly printed pamphlet of 12 pages, is a reprint from the 23d Annual Report of the City Council of Concord, and presents a very interesting statement of the sanitary surroundings of that city, by Dr. Granville P. Conn, City Physician and Member of the Board of Health. City councils every where should encourage such publications and send them broad-cast as educators of public and domiciliary hygiene.

Concerning typhoid fever, Dr. Conn remarks—"Too often the 'little ones of our day and generation,' by being sensitive to impressions that stronger bodies might resist, indicate the terrible danger to which we are exposed, by being the first to get ill, as surely as does the barometer foretell the storm that is approaching.

"During the past season there has been but very little typhoid fever among the strong and robust; but it has been almost totally confined to children under 12 years of age,—so much so that it has been the remark with some of our physicians, that they have seen typhoid fever in the child this year for the first time."

REMOVAL.—We have removed to our new and commodious Iron Building, 1228 Market St., where in future you will please direct all correspondence.



PHARMACY MEDICINE

# WM. R. WARNER & CO.

## Manufacturing Chemists,

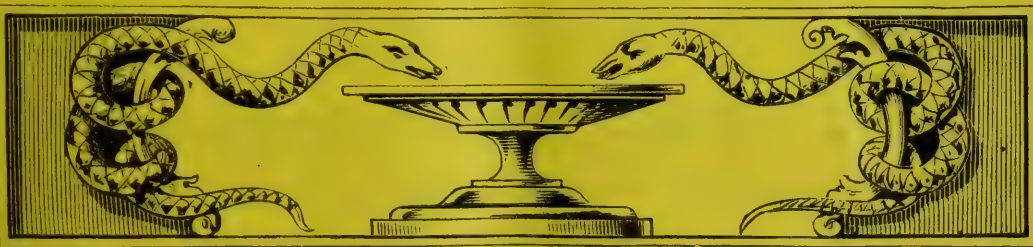
1228 MARKET STREET,

PHILADELPHIA.

MANUFACTURERS OF

**Reliable Sugar-Coated Pills, Standard Fluid Extracts, Elixirs, Wines, Syrups, New Remedies and all Officinal Preparations.**

SEND FOR PRICE-LIST.



Entered according to Act of Congress, in the year 1875, in the Office of the Librarian of Congress at Washington.

* * * * * Sugar Coated Pills are more soluble than Gelatine Coated or Compressed Pills.—*Prof. Remington's Paper read before American Pharmaceutical Association, Boston*, 1875.

---

# WARNER & CO'S

# Phosphorus Pills.

**Phosphorus** is an important constituent of the animal economy, particularly of the brain and nervous system, and is regarded as a valuable remedy for the following diseases:

## Lapse of Memory, Impotency, Softening of the Brain, Loss of Nerve Power, Phthisis, Paralysis and Neuralgia.

*The Pilular form has been deemed the most desirable for the administration of Phosphorus.* It is in a perfect state of subdivision, as it is incorporated with the material while in solution, and is not extinguished by oxidation.

THIS *method of preparing Phosphorus has been discovered and brought to* PERFECTION *by us*, and is thus presented in its elementary state, free from repulsive qualities, which have so long militated against the use of this potent and valuable remedy. This is a matter requiring the notice of the physician, and under all circumstances the administration of Phosphorus should be guarded with the greatest care, and a perfect preparation only used.

Its use in the above named complaints, is supported by no less authority than Prof. Delpech, Prof. Fisher, of Berlin, Dr. Eames, (in the *Dublin Journal*,) Dr. Burgess, and Dr. Hammond, of New York. The special treatment indicated in these cases is: 1st. Complete rest of mind, especially abstention from all occupations resembling that upon which the mind has been overworked; 2nd. The encouragement of any new hobby or study not in itself painful, which the patient might select; 3d. Tranquility to the senses, which expressly give in these cases incorrect impressions, putting only those objects before them calculated to soothe the mind; 4th. A very nourishing diet, especially of shell-fish; 5th. *The internal administration of Phosphorous in Pilular form, prepared by WILLIAM R. WARNER & CO.*

## ☞PILLS SENT BY MAIL ON RECEIPT OF LIST PRICES.☜

Price

Pil Phosphori, 1-100 gr. in each, - - - - - -
Pil Phosphori, 1-50 " " - - - - - - -
Pil Phosphori, 1-25 " " - - - - - -
Pil Phosphori Comp., - - - - - - - -
Phosphorus, 1-100 gr. Ext. Nuc. Vomicæ, ¼ gr.
Pil Phosphori et Nucis Vomicæ, - - - - - -
Phosphorus, 1-50 gr. Ext. Nuc. Vomicæ, ⅛ gr.
Pil Phosphori et Ferri et Nuc. Vom. - - - - - -
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Ext. Nuc. Vom., ¼ gr.
Pil Phosphori et Ferri et Quiniæ, - - - - - -
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Quinia Sulph., 1 gr.
Pil Phosphori et Ferri et Nuc. Vom. et Quiniæ, - - - - -
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr.
Ext. Nuc. Vom., ⅛ gr. Quinia Sulph., 1 gr.

Treatise on "PHOSPHORUS; Its claims as a therapeutic agent."

Furnished on application. Address,

# WILLIAM R. WARNER & CO.

Manufacturing Chemists,

No. 1228 Market St., Philadelphia.

VIENNA MEDAL

**AWARDED**

# Wm. R. Warner & Co.

*For Officinal and other*

## Sugar Coated Pills.

# TO PHYSICIANS.

*The efficacy of Sugar Coated Pills depends in a great measure on the method of manufacture, as well as the purity and strength of material carefully selected or skillfully prepared.*

*The universal success attending Warner & Co.'s, leads us to believe that our mode is correct. This can be readily proven by prescribing a pill the effects of which are soon apparent, for instance a cathartic, and we are confident the result will show that the full benefit of the medicine is derived when given in this convenient form.*

*Sugar is the most desirable material for the covering of pills. It is more soluble than gelatine, affords a handsomer pill, without necessarily interfering with the solubility, and does not involve processes which make them so expensive.*

*Our pills are kept by* Druggists throughout the country, *they are popular and extensively used. We would request you in prescribing to specify (Warner & Co.) and to order in bottles containing one hundred each, observing that our name is in the glass, while the prescription label with your directions may be on the bottle. Soliciting your influence we are,*

*Yours Respectfully*

*William R. Warner & Co*

PHILADELPHIA.

**Special Recipes made to Order for 3000 or more Pills.**

# WARNER & CO.'S

# SUGAR-COATED PILLS.

---

[*Extract from a letter.*]

"MONTREAL, *Dec. 2d*, 1872.

"MESSRS. WM. R. WARNER & CO.

*Gentlemen:*

I shall have much pleasure in exhibiting your Pills to my classes, both at the University of Bishops College and at the College of Pharmacy—inasmuch as I have already used many of them in my private practice, and have always found them not only the most elegant form of administering medicines whose doses are small, but always efficient and reliable. In conclusion, gentlemen, I must congratulate you on the perfection to which you have carried this department of the art of pharmacy.

I remain, gentlemen,

Yours truly,

A. H. KOLLMYER, M.A., M.D., C.M.,

*Professor Mat. Med. University of Bishops College,*

*Lecturer on Chemistry, Botany and Mat. Med.*

*in the Quebec College of Pharmacy, etc., etc.*"

---

## SUGAR-COATED QUININE PILLS

***From the St. Louis Medical and Surgical Journal,***

***W. S. Edgar, M. D., Ediior.***

"It is a matter of no small importance that physicians order their medicines in form convenient to be taken, reliable in quality and accurately divided in doses. Quacks often gain much favor by the care and labor they bestow on the convenience of exhibition of their medicines.

"Sugar-coating does not necessarily impair the quality of such medicines as are commonly thus inclosed, quinine, morphine, cathartics, etc. The chief point of interest is to know that the medicine is pure in quality, and uniform in quantity as labelled, which may be determined by analytical tests, and by the careful observation of the effects produced, Morphine, in the relief of pain, and quinine, in interrupting promptly an intermittent, leave little room for deception. We procured a variety of W. R. WARNER & CO.'S preparations, and have prescribed them as opportunity offered with *satisfactory evidence of their purity*, and reliability as to the quantity in each dose; also we extract the following paragraph from a letter by a competent analytical chemist:"—

"'I take pleasure in testifying that W. R. WARNER & CO.'S quinine pills are practically just what they claim to be, whether judged by analytical tests, or by the therapeutic effect obtained from their use.

A. B. LYON, M.D.,

"'*Detroit, Mich.*

*Analytical Chemist.*'"

# TO THE MEDICAL PROFESSION.

## A NEW AND IMPORTANT REMEDY.

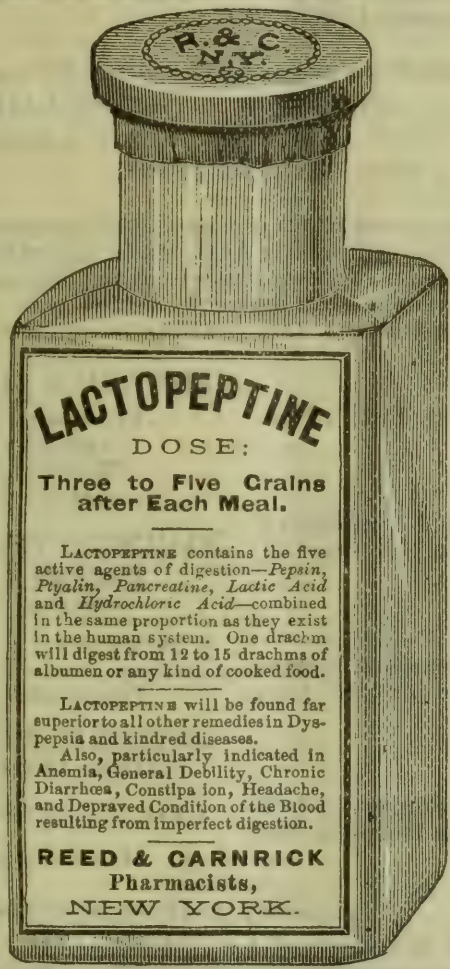
# LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.

*The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon plastic food.*

*This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of* **Dyspepsia, Intestinal diseases of Children, Chronic Diarrhœa, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from Imperfect nutrition.**

*One of the most important applications of* **LACTOPEPTINE** *is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.*

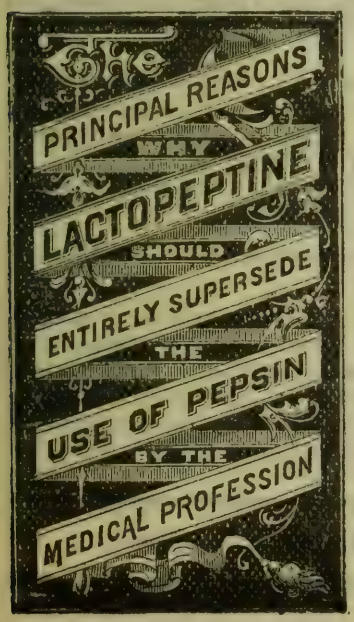



**LACTOPEPTINE,** *as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.*

### FORMULA OF LACTOPEPTINE.

| | | | |
|---|---|---|---|
| *Sugar of Milk,* | 20 *Ounces.* | *Veg. Ptyalin or Diastase,* | 1 *Drachm.* |
| *Pepsin,* | 4 " | *Lactic Acid,* | 2½ *fl. Drachms.* |
| *Pancreatine,* | 3 " | *Hydrochloric Acid,* | 2½ *fl.* " |

*Powder and Mix.*




1st.—It will digest from three to four times more *coagulated albumen* than any preparation of Pepsin in the market.

2d.—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.

3d.—It will change the *starchy* portions of vegetable food into the assimilable form of Glucose.

4th.—It contains the natural acids secreted by the stomach (*Lactic and Hydrochloric*), without which Pepsin and Pancreatine will not change the character of coagulated albumen.

5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.

6th.—IT IS MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. *An ounce of Lactopeptine is, therefore fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.*

*All the statements made in this Circular are the result of repeated and careful experiments.*

The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

——oo——

The undersigned, having tested REED & CARNRICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochlric Acid, made according to published formulæ, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, *April 6th*, 1875.

J. R. LEAMING, M. D.,
Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,
Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,
Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,
Professor of Orthopœdec Surgery and Clinical Surgery, Belevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.
Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics and Clinical Medicine.

SAMUEL R. PERCY, M. D.,
Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,
Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,
House Physician Belevue Hospital

GEO. F. BATES, M. D.,
House Surgeon Belevue Hospital.

——oo——

INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of *LACTOPEPTINE*, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON., M. D.

——oo——

BRANDON, VT., March 31st, 1875.

I desire to say that I have used *LACTOPEPTINE* for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,
Late Professor of Obstetrics and Diseases of Women and Children Vermont Med. College.

——oo——

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,
BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of *LACTOPEPTINE* and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of *LACETOPEPTINE* in my own case. This was, in brief, an inherited, fostered, persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

*A large proportion of diseases are the result of imperfect digestion.*

*In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with Lactopeptine.*

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE.* She was a married lady, who five years ago became afflicted with diarrhœa, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE.* in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

——oo——

NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy. H. E. HUNTER, M. D.

——oo——

WEST NEWFIELD, ME., June 14th, 1875.

*LACTOPEPTINE* seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

——oo——

WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years. JAMES M. WILSON, M. D.

——oo——

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

——oo——

EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

——oo——

CORTLAND, DE KALB CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

* We desire particularly to call the attention of the Profession to the great value of LACTOPEPTINE when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

*One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces.*

*One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.*

CHILLICOTHE, MO., September 4th, 1874.

I have used *LACTOPEPTINE* this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used. J. A. MUNK, M. D.

——oo——

FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your *LACTOPEPTINE*, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

——oo——

WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your *LACTOPEPTINE*, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the *LACTOPEPTINE*, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered. Very truly, E. B. SMOKE, M. D.

——oo——

INDIANOLA, IOWA, December 11th, 1874,

I consider the *LACTOPEPTINE* a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the *LACTOPEPTINE* she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomting stercoracious matter; had retained no nutrition for several days. I gave the *LACTOPEPTINE* with immediate relief. Ingestion was retained I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the *LACTOPEPTINE* was his *sheet anchor*. I am now using the *LACTOPEPTINE* in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine. C. W. DAVIS, M. D.

——oo——

CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe *LACTOPEPTINE* to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, *LACTOPEPTINE* invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used *LACTOPEPTINE* in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

——oo——

MO. VALLEY, IOWA, November 12th, 1874

Some months since I saw in a medical journal a notice of your *LACTOPEPTINE*. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine did'nt hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

*One drachm of Lactopeptine will transform four ounces of Starch into Glucose.*

## COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing *LACTOPEPTINE* as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. *LACTOPEPTINE* is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsionizing fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

——oo——

AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE *ATLANTA MEDICAL AND SURGICAL JOURNAL*, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples *LACTOPEPTINE*" was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbolic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

### TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills, Elixir, Syrup, Wine and Troaches.

*LACTOPEPTINE is also combined with the following preparations :*

### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children

——oo——

### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

——oo——

### ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

## BEEF, IRON AND WINE WITH LACTOPEPTINE.

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

—oo—

## ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

—oo—

## ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.

A valuable combination in cases of Dyspepsia attended with Nervous Debility.

—oo—

## ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

—oo—

## SYRUP LACTOPEPTINE COMP.

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

—oo—

# FORMULÆ.

*The following valuable formulæ have been contributed by* J. KING MERRITT, M.D., *who has used them with great success in his practice :*

NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.

| | | | |
|---|---|---|---|
| ℞ | Liquid Lactopeptine, | | dr. vi. |
| | Fl. Ex. Cinchona Comp, | | dr. i. |
| | Fl. Ex. Taraxacum, | — | |
| | Tinct. Zingiber, | aa | dr. iii. |
| | Hydrochloric Acid Dilut., | | dr. i. |
| | Spts. Lavender Comp., | | dr. ii. |
| | Sulphate Quinia, | | grs. xl. |

M. *Dose.*—One teaspoonful every two or three hours.
SIG.—Quinine mixture or tonic mixture.

### REMARKS.

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.

| | | |
|---|---|---|
| ℞ | Liquid Lactopeptine, | dr. vi. |
| | Fl. Ex. Cinchona Comp, | dr. i. |
| | Tinct. Zingiber, | dr. iii. |
| | Spts. Lavender Comp, | dr. v. |
| | Aromatic Sulphuric Acid, | dr. i. |
| | Essence Menth, Pip. or Gaultheria, | gtts. x. |
| | Sulphate Quinia, | grs. xl. |

M. *Dose.*—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

NO. 3.—FOR MALARIAL DYSPEPSIA.

| | | | |
|---|---|---|---|
| ℞ | Liquid Lactopeptine, | | dr. fl. vi. |
| | Fl. Ex. Cinchona Com., | | — |
| | Tinc. Nux. Vomica, | aa | dr. xi. |
| | Spts. Lavender Comp., | | oz. ss. |
| | Hydrocyanic Acid Dilut, | | dr. ss. |
| | Syr. Aromatic Rhubarb, | | oz. ss. |
| | Sulphate Quinine, | | dr. ss. |

M. *Dose.*—One tablespoonful with water *ad libitum* at meals (before or after), and *at bed time if required;* also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, *in case the patient should suffer from positive signs of indigestion, although the dose of Formula No.* 3 *has already been taken at the meal time,* either immediately before or after eating, in accordance with the rule or foregoing instruction.

NO. 4.—FOR CHRONIC DIARRHŒA.

| | | |
|---|---|---|
| ℞ | Liquid Lactopeptine, | dr. vi. |
| | Liq. Opii. Comp. (Squibbs'), | dr. iii. |
| | Nitric Acid Dilute; or, Aqua Regia Dilut., | dr. i. |
| | Syr. Aromatic Rhubarb, | dr. ii. |
| | Pulv. Nit. Bismuth, | dr. ss. |
| | Aqua Camph., | oz. ss. |

M. *Dose.*—One tablespoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and *this rule,* should be *persisted in* for two or three days, or until the diarrhœal tendency has been entirely subdued.

——oo——

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| | |
|---|---|
| Sulph. Magnesia, | 1 dr. |
| Senna, | 2 " |
| Scammony, | 6 grs. |
| Liquorice, | 1 dr. |
| Ginger, | 3 grs. |
| Coriander, | 5 " |

With flavoring ingredients.

*Dose,*—Child five years old, one or two teaspoonfuls; adult, one or two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

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| | | |
|---|---|---|
| Strychnia, - - - | 1-100 | grain. |
| Phosphorus, - - - | 1-100 | " |
| Ex. Cannabis Indica, | 1-16 | " |
| Ginseng, - - - - | 1 | " |
| Carb. Iron, - - | 1 | " |

*Dose*—One to two.

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**Hæma, Quinia and Iron Pill.**

| | | |
|---|---|---|
| Ext. Blood, - - - - | 2 | grains. |
| Quinine Sulph., - - | 1 | grain. |
| Sesqui Oxide Iron, - - | 1 | " |

*Dose*—One to three.

Price, $2.00 per hundred.

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*JUNE, 1876.*

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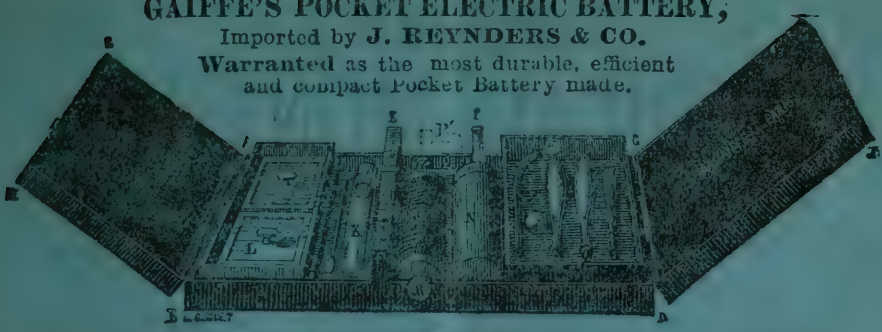

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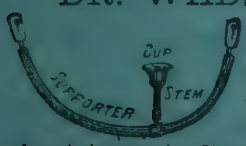


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Vol. 1. WHEELING, JUNE, 1876. No. 8.

## Original Communications.

### Art. 1.—SURGICAL CLINIC AT GOOD SAMARITAN HOSPITAL, Cincinnati, February 2d, 1876.

**Service of W. W. DAWSON, M. D.,**
**Prof. Surgery, Medical College of Ohio.**

GENTLEMEN,—I have a variety of cases to present to you to-day. First, a group of diseased joints. I need not say how important these joint-affections are: 1st, their prevalence; 2d, the difficulty in their successful treatment; 3d, the bad results so frequently following the best efforts for their relief; 4th, the fact that the great joints are most frequently implicated—joints that are essential to locomotion and business activity, and the involvement of which in disease, makes heavy, long-continued, and often fatal draughts upon the system. Before saying one word more concerning these cases, I wish to acknowledge my obligations to the surgeons of this country for the advance steps which they have taken in the pathology and proper treatment of all classes of articular affections.

#### 1. Hydrarthrus.

This patient is 23 years of age, and has the appearance of fair health. Two years ago, he noticed an enlargement of the left knee,

but not attended by any of the signs of inflammation. He entered the Hospital in June last, previous to which the joint had been aspirated three times, and a straw-colored fluid discharged at each tapping. After having been strapped and bandaged, the joint was tapped, in August, by my colleague, Prof. Conner. This operation was several times performed. In December, I withdrew the fluid and injected into the cavity a small quantity of alcohol. The following morning the joint was considerably swollen, painful and tender. This irritation began to subside on the second day, and by the end of a week the joint was almost normal in size. Three or four days after this, the joint again began to enlarge and reached a size in excess of any before attained. Since then the effusion has ebbed and flowed, and, from the beginning of the trouble, the patient has been disabled—how? This swelling produces a sense of weakness in the joint and an inability to move the limb, stand upon it, or walk with it as he did previously. In all this time, he has complained more of inability than pain. This is usually the case where there is simple dropsy, a passive effusion into the joint. The presence of the water, the distention of the sack, interferes with the functions of the joint but does not cause much suffering. If you could expose the synovial surfaces of this joint what would you find? No evidences of a high grade of inflammatory action, no plastic matter, no adventitious bands, no lymph or epithelial scales, or blood floating in the fluid, but a merely passive condition of the interior of the joint—a weeping of serum more watery than synovia proper.

What is the treatment—the successful treatment in these cases? You will find many and various plans suggested in the books. Rest is recommended, but this, so important in acute synovitis, is inadequate in these chronic cases. Compression—strapping or by closely-fitting splints—is often adopted, and almost as frequently abandoned for want of success. The employment of counter-irritation is not a rational plan of treatment, as it draws from instead of concentrating upon the weakened part a desired irritation. Sorbefacients are more rational than counter-irritants, and, fortunately, a little more fruitful in good results. Tapping, as we have seen in this case, gives but temporary relief. The withdrawal however of the fluid followed by a sharply irritating injection, gives almost a certainty of success; by this means you substitute a positive for a negative grade of action. For this operation, the Aspirator is a great convenience.

By one insertion of the hollow needle, you are enabled at the same time to remove the effusion and make the injection. Alcohol is often sufficiently irritating as an injection. I resorted to it in this case some weeks ago, and although it brought about considerable irritative commotion in the joint, yet the alterative action was not sufficient to prevent a reappearance of the effusion. A drachm of the tincture of iodine is much more prompt and reliable. After the injection is made, the surface of the joint should be so kneaded that the fluid may come in contact with the whole interior parts.

### 2. Traumatic Synovitis.

William Lees, æt. 16, steamboat cook. Family history good. Health has always been good until two years ago, when he had an attack of rheumatism in the left hip, knee, and ankle. From this he recovered completely. Four months ago, he struck his left knee against the handle of a wheel barrow, producing severe inflammatory action in the joint. Four weeks from the receipt of the injury, several pieces of bone were discharged from two openings in the vicinity of the joint. At the end of the next two months he got out of bed with a stiff knee, the leg partially flexed upon the thigh,—the joint presenting the appearance of a sub-luxation. There is slight motion. No evidence of existing inflammation.

The most marked features of this case are the flexed limb, the deformed knee, atrophy of the muscles of the leg, and a very great abridgement of the movements of the joint. A high grade of inflammatory action has resulted in the present condition. This inflammation involved not only the joint-structures proper, but extended to the condyles of the femur, resulting there in a limited necrosis. It has so changed the relations of the bones entering into the articulation as to give somewhat the appearance of a sub-luxation, and by exudation it has so locked the muscles in the neighborhood and the ligaments of the joint, as to permit very imperfect motion. The atrophy of the muscles arises from the limited use of the limb.

What can be done for this patient? Anæsthetize him—break up the false anchylosis, and free the muscles from the adventitious bands which bind them and abridge their action—keep him in bed for a few days—apply cold water to the knee—cold *douches* to the leg; and, after the end of a week, make and keep up daily passive motion.

### 3. Chronic Synovitis.

Byron Seamans, a saddler, 26 years of age. Feeble in childhood, but from his 5th to 13th year had no sickness of any kind. In 1863, when 13 years old, he was suddenly, and without any known cause, seized with severe pain in the left knee, lasting but a few hours. During the next few months the joint seemed enlarged, but was not painful—simply a feeling of weakness in the limb without impairment of motion. Nearly one year after his first attack, and after very severe exercise, the joint became painful, and began to enlarge. The pain, however, soon subsided, but the enlargement continued. For two years he was under treatment—15 months of the time in bed—which resulted in the reduction of the joint to nearly its normal size, but with motion limited one-half. For the next six years, the joint was so quiet and comfortable that he worked at his trade. In 1874, after a night's exposure in a rain, the joint enlarged, but was reduced by the application of iodine. In January, 1875, he had a fall, striking the knee, causing intense pain and all the symptoms attending severe inflammation. Rest, and the application of cold, caused these symptoms to disappear but the motion and strength of the joint was still further limited.

An examination shows a thickening of all the tissues about the knee; the bony prominences are concealed and an obscure fluctuation shows the presence of a small quantity of fluid. Not more than one fourth of the motion of the joint remains; the leg is flexed, and the muscles of the thigh and leg are atrophied. He complains of a sense of weakness in the limb, and is compelled to use both a crutch and cane in walking.

This man has, occasionally, pain and a feeling of weakness in the opposite knee, rendering him justly apprehensive, as it is not uncommon to see both knees involved in this chronic affection. This case, you will observe—chronic in the initiative, and during almost its entire course—was at one time rendered severely acute by an injury. Now it is essentially chronic. The present amount of effusion is so slight that aspiration would hardly be justifiable. He is, and has been for some time, comparatively comfortable Heretofore, he has derived benefit from sorbefacients, and I think it best to remand him to them.

### 4. Necrosis of the Humerus.

This young man had his right arm caught in machinery about one

year and a half ago. The soft parts were severely contused and lacerated about the elbow, and the humerus crushed into a number of fragments. In looking at the limb, three points are prominent for study—1st, anchylosis of the fingers; 2d, anchylosis of the elbow; 3d, several fistulous openings from two to four inches above the latter joint.

The openings which you see in this arm, you recognize as familiar. You have observed the same condition frequently in this amphitheatre during the winter. Surrounding them or situated upon one side, you find one or more large well-organized granulations, nipple-like in shape. So characteristic are they, that the surgeon feels sure of the presence of dead or diseased bone at the bottom of the tracks, the mouths of which are guarded by these mammillated granulations. I now introduce the probe, and you, who are near me, can hear the crepitus as the metalic instrument comes in contact with bone unprotected by its periosteum and in a state of ulceration. All of the openings yield the same revelation. You see how freely diseased bone bleeds. I now Esmarch the arm and cut down freely, so as to expose well the diseased humerus. What do we find? A new formation of bone enveloping the dead portion of the humerus which is completely separated. This shell of bone is called the involucrum, the enclosed dead bone is called the sequestrum, and the openings leading from the one to the other are called cloacæ. Through these canals the necrotic humerus is felt. It acts as a foreign body, and to remove it I am compelled to enlarge the openings. I make the operation with a chisel; sometimes it is more convenient, and as safe, to use a trephine. It is very necessary to remove every particle of dead or dying bone. You may dress such cavities with lint or okum saturated with a weak solution of carbolic acid. You must strive to granulate these wounds from the bottom, and to this end you must be sure to keep a way open for drainage.

The anchylosis of the fingers is muscular and may be overcome, as I now do, without great force. The anchylosis of the elbow is more firm—muscular and ligamentous, held by plastic bands. The damaged humerus is yet so frail, the involucrum being still so imperfect that I fear to exert sufficient force to break up these adhesions. After a time, it may be done safely and effectually.

**5. Three Fractures. Compound of the right leg; transverse of the left femur; impacted of the neck of the Femur; the latter unrecognized during the treatment.**

I presented to you this old man last October, and dressed for him a compound fracture of the right leg, and a transverse fracture of the left femur. He had been injured by a bank of earth falling upon and crushing him. I dressed these fractures, you will remember, with Plaster of Paris (Bavarian plan), and the repair has been most gratifying. The fracture of the shaft of the femur was transverse—*positively transverse*, a fracture which you will seldom see; the bone was broken like a pipe-stem. The fragments not being entirely displaced, whilst slight extension was being made, I pushed them, or literally slid them into position. They moved upon each other as if there were no serrations upon their broken surfaces. The fracture was just above the condyles.

But this man had another fracture which was overlooked for weeks—until, in fact, he was about ready to leave his bed. I present him to you as a lesson and a warning, that you may never make such an over-sight as I did on my first examination. When I saw him with one leg broken and with fracture of the thigh of the opposite limb, it did occur to me to go farther—to look for other injuries. I noticed, however, very soon, probably the next day after the injury, that his right limb seemed disposed to eversion, to overcome which a support had to be placed upon the outside of the plaster encasement. An examination showed a marked flattening of the hip, but when I suggested he had also broken the neck of the thigh, he protested that could not be, for the reason he had never suffered one moment's pain about the joint, neither at the time of the accident, or since. He becomes vexed, even now, when the suggestion of a fracture of the neck of the femur is made to him.

On stripping him you readily recognize the flattened hip; the eversion of the foot, and the change in the axis of the limb, all resulting from this overlooked impaction. Could these deformities have been prevented? What is the treatment of impacted fracture of the neck of the femur? *No interference, no attempt at the reduction of the impacted fragments*, is the golden rule. So constant is deformity, so frequently do we get only a ligamentous union, that we are glad to have the fragments locked together, giving not only an earnest of bony union but an impossibility of greater deformity than that which follows complete separation of the fragments.

**6. Complicated Fracture of Leg. Both arms crushed; soft parts divided for more than half the circumference of the limb.**

The patient before you shows the excellent results of a conservative surgery. Henry Hafer, German, 40 years of age, habits good. His leg was crushed by the end of a dray; the bones were comminuted, and the soft parts injured fearfully, but there was no hemorrhage. The temperature of the foot being normal, I was led to adopt a conservative course, knowing that I had in reserve both the primary and the secondary amputation, yielding as they do as good if not better results than the immediate operation.

The patient walks very well with the assistance of a cane. It is now almost five months since the injury. Union was long delayed from necrosis, and even yet it is not complete. In *fractures of the tibia you will frequently encounter a tardiness in the consolidation of the fragments, especially is this so where* the bone *is comminuted or broken obliquely*. This limb was treated, first, in the bran-box; afterwards with the plaster dressing.

**7. Verruca. Dermophymata Venerea.**

The deformity of this young man's penis is very great; on one side of the organ, involving the junction between the head and the body, is an enormous growth almost as large as the glans penis itself. It is irregular in shape, sessile in attachment, and discharges a thin, ichorous, and villainously offensive fluid.

Such growths have been termed verruca syphilitica, venereal warts, condylomata, syphilitic vegetations, fungus, cutaneous ulcers, etc. What is the nature of these growths? Often associated with syphilis, or gonorrhœa, yet they are by no means positive evidence of the presence of either of these affections. The patient before us, had a large phagadenic venereal sore—termed, generally, a "soft chancroid." This large warty excrescence seems to have sprung from the cicatrix of that ulcer. The genitals are the favorite seat of these growths; yet they are often found on the tongue, lips perinæum, within the larynx, and very frequently about the anus. They differ from the verruca simplex in being more fleshy and vascular. Upon the prepuce and glans penis, they have the shape of common warts. About the anus, they are flattened; the papillæ are less distinct, and they are usually designated condylomata. As I have already said, they are most frequently found in connection with venereal disease, yet you will often see them associated with balanitis,

leucorrhœa, and uncleanliness of habit; even in children, they have been observed occupying the glans and prepuce. I have now in my mind a gentleman of middle life, who has never had any form of venereal disease—who has ever recognized that "cleanliness is next to godliness"—and yet he has had several liberal corps of these excrescences within the last ten years. Upon the genitals, they grow rapidly and propagate themselves abundantly by contact.

What is the treatment? When they are small, especially when of the wart-like variety, you may blight them by the application of nitric acid. The *flat* form, often disappears under the external use of calomel. The most efficient plan, however, is excision. In the case before you, I seize the mass and, with a curved scissors, remove it. I do this, you observe, very thoroughly, cutting down to and even below the surface; that I may remove every enlarged papillæ, as well as those which seem disposed to enlargement, I extend the incision for a line or two into the tissue beyond the base of the tumor. You will always find, as you see in this case, a free hemorrhage, which may be controlled by cold applications, nitrate of silver, or, what is better, the persulphate of iron.

By the operation, you see that I have converted the deformed member into very shapely proportions.

### 8. Scirrhus of both Mammæ.

The mammary gland is the favorite seat of that form of cancer known as scirrhus. It is very uncommon however to find both glands affected by the disease. In a somewhat large experience the patient whom I now exhibit is the only case of the kind I have seen. The two glands affected by the same disease present aspects very unlike. From your seats in all parts of the amphitheatre, you recognize this remarkable difference. On the right side, you see the gland in a state of active, viscous ulceration. The skin surrounding this ulceration is closely adherent to and binds firmly the mass to the chest. The left mamma is irregular in outline, but its most striking feature is the retracted nipple. When I take hold of this gland you see it is movable, not closely adherent to the pectoral muscle as is the opposite breast. To the touch it is irregular in conformation, but uniform in its almost bone-like hardness. The retracted nipple is locked firmly to the parts beneath, but the skin moves freely over the tumor. The axillary glands are involved on both sides.

This woman is about 50 years of age. The disease manifested itself first on the right side and the ulceration, which you see, is the result of the powerful caustics used by the "Cancer Doctor" who promised to "eat out the disease"—a barbarous practice, much more painful and far less efficient than the knife of the surgeon.

What can we do for this patient? Nothing, indeed, except merely to palliate her suffering. I am not one of those who believe in the constitutional treatment of cancer—in the arrest or cure of the affection. When Thomas Weeden Cooke, surgeon to the Cancer Hospital and to the Royal Free Hospital, London, talks of blighting scirrhus of the breast by Hydrochloric Acid, Bark and Cod-liver oil internally, and a leather plaster, I can but feel that he has taken an adenocele, a fibrous tumor, or a cystic degeneration, for malignant disease of the gland.

When may we use the knife with good prospect of success? Surgeons answer this question differently. Some question the operation, others resort to it with great confidence. For myself, I do not hesitate to say that the operation, made early, always prolongs and often saves life. What I mean by an early resort to the operation, is excision of the gland as soon as the diagnosis is clearly established, while the disease is yet local, confined to the gland, and without axillary involvement. In performing the operation, you should be careful to sacrifice all the skin which is attached to the tumor, or which may seem to be infiltrated with the cancerous deposit. If this precaution be neglected, the morbid action will not be delayed, but be rendered more fleet-footed by your interference. Be careful to remove the whole gland. Another suggestion, and an important one too, I would make—after you have extirpated the gland, then with your scissors remove the whole of the adipose tissue exposed by the incisions. In that way you may effectually free the neighborhood of all outlying malignant matter. By torsion, not by ligature, control the bleeding vessels; if you fail with torsion, use the animal ligature—direct union may be expected. In conclusion, I make a suggestion the responsibility of which I feel deeply, for it advises you to adopt in these cases a very radical line of surgery. It is this: *amputate the breast for all tumors, amputate early, or at the first appearance of evil.* If the tumor be not malignant, there is still one mamma left which is sufficient for maternity; if it be malignant, you remove it at the period most full of promise.

## Art. 2.—NOTES ON THE HISTORY OF DIPHTHERIA IN THE UNITED STATES.

By DR. JOHN C. PETERS, of New York.

DIPHTHERIA was well described by Dr. Cadwallader Colden, of New York, in 1753. One of the best treatises in any language is that of Dr. Samuel Bard, of New York, published in 1771; translated in Paris in 1810, and known to Bretonneau, who wrote in 1821.

Then all traces of the disease were lost until Dr. Geddings, of Charleston, S. C., published an article on Pseudo-membranous Inflammation of the throat, in Vol. 24 of the *Am. Journal Med. Sciences*, 1839, in which he states that he witnessed an epidemic in Charleston.

Dr. Ware, of Boston, wrote, in 1841, that he had observed about 20 cases in 12 years.

I became acquainted with that fact in 1841. He stated that membranous croup always commenced as Bretonneau's Diphtheria of the throat, and I always examined the throats of my croup cases from that year on—but as the majority of the cases of croup are not membranous, I rarely discovered throat disease; and recollect 3 cases of fatal membranous croup in which throat membranes were not present.

Dr. Welsh has an article in Vol. 20 of the *Am. Journal Med. Sciences*, on Diphtheritic inflammation as it prevailed epidemically in Ohio, in 1847–49.

In the *Boston Medical & Surg'l Journal*, Vol. 59, 1858, there is an article on Diphtheria in Providence, R. I.

Dr. Willard, of Albany, N. Y., describes diphtheria as epidemic there in 1858, causing 157 deaths.

The first case reported in New York, was, by Dr. Jacobi, on Feb. 15th, 1852, in a German woman, æt. 24, residing at 638, Hudson St. It has prevailed ever since in that neighborhood

Two other fatal cases were reported in 1857; five in 1858; and 53 in 1859.

In Feb. 1860, it became decidedly epidemic.

| | | | | | | |
|---|---|---|---|---|---|---|
| In | 1860 | there | were | 415 | fatal | cases. |
| " | 1861 | " | " | 429 | " | " |
| " | 1862 | " | " | 586 | " | " |
| " | 1863 | " | " | 944 | " | " |
| " | 1864 | " | " | 805 | " | " |

| | | | | | | |
|---|---|---|---|---|---|---|
| In | 1865 | there | were | 512 | fatal | cases. |
| " | 1866 | " | " | 435 | " | " |
| " | 1867 | " | " | 251 | " | " |
| " | 1868 | " | " | 276 | " | " |
| " | 1869 | " | " | 328 | " | " |
| " | 1870 | " | " | 308 | " | " |
| " | 1871 | " | " | 238 | " | " |
| " | 1872 | " | " | 446 | " | " |
| " | 1873 | no less than | | 1,551 | deaths. | |

In 14 years, from 1860 to 1873 inclusive, it caused 7,124 deaths.

It has steadily increased since 1872. We have had 1,523 cases and 735 deaths, in January, February, and March of this year, 1876 —winter quarter.

In the same months last year, there were 1,346 cases.

The 22d Ward, on the west side of the city, from W. 40th North to W. 86th St., west of 6th Avenue, has had the largest number of deaths in January, February, and March, 1876, viz.—97.

The 20th Ward, just south of the 22d, extending from W. 40th South to W. 14th, west of 6th Avenue, the next largest, viz.—72.

The 19th Ward, with the same boundaries as the 22d, except being east of 6th Avenue, is the 3d on the list, viz.—67.

The 23d Ward, is the 4th, with 57 deaths.

The disease is mainly located along the North and East Rivers, north of 14th St., in tenement houses. The best wards in the city are comparatively free from it, and the down town business wards, of course.

False Diphtheria, or Follicular Tonsillitis is common among the better classes, but true Diphtheria is comparatively rare.

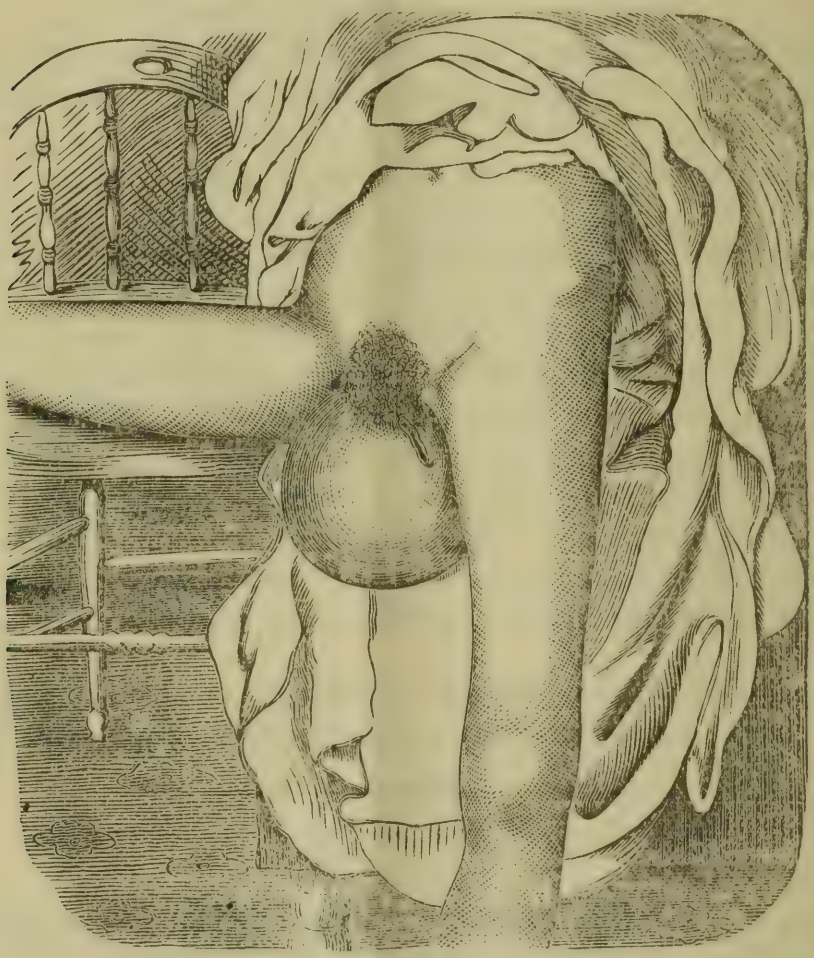
## SELECTIONS.

### Case of Pudendal Hernia, Presenting Unusual Symptoms.

By Prof. Hunter McGuire, M. D., Richmond, Va.

HA——, from an adjoining State, white, single, æt. 38 years, a tall, raw-boned woman with sallow complexion, was received into the College Infirmary January 1, 1876. She states that about 10 years ago she noticed a small tumor about the size of a hickory nut in the right labium of the vulva. When first discovered it was loose, could be readily moved about in different directions, and, she

thinks, disappeared when she was lying down. It slowly and gradually increased in size until about two years ago, when it began to grow rapidly, and now has the dimensions represented in the accompanying wood-cut taken from a photograph. Its greatest circumference is 22 inches, the measurement being made from the labium down the anterior portion of the tumor to its lowest extremity, and then behind the mass to its junction with the labium again.



Its horizontal circumference is 18½ inches. When the woman is standing up the tumor reaches half way to the knee.

It never gave her any serious trouble until three weeks ago, when, in consequence of a long walk and exposure, it became hot, tense, swollen and painful, and then small patches of skin covering the tumor sloughed and left irritable sores. Rest in the recumbent po-

sition soon caused these symptoms to disappear, but the small ulcers were still open when she entered the Infirmary. For the last year she has been obliged to stay in bed one, and sometimes two days in every week to get rid of the pain and tension produced by working in the erect position. Never has had any special derangement of the digestive apparatus; is not liable to colic or constipation; has had usually a good appetite, and eaten whatever she wanted or could get There are no symptoms of vesical disorder or of uterine disease. Menstruation is regular and normal. Has never received in that region a blow or injury of any kind that she can remember. After standing all day the tumor is very heavy; she has a dragging weight in that part, and feels as if the contents of the abdomen were about to escape into the tumor. Coughing or lifting heavy bodies increases this feeling. The tumor feels soft and elastic, and is attached to the centre and lower part of the right labium. The upper part of the labium is free from swelling. The mass has a narrow pedicle, not more than 2½ inches in diameter. It has no communication with the external abdominal ring, or with the thyroid foramen. A per vaginam examination shows the soft parts on the right side, between the ischium and the vagina to be much thicker than those on the opposite side; but I could not distinctly trace the tumor into the pelvis. Dr. Moncure, the Hospital Superintendent, and myself repeatedly examined this thick cushion of soft tissues between the ischium and vagina, and we were unable to determine whether it was the neck of a hernial tumor or simple thickening from the dragging and weight upon that side. The vagina was narrow and small, and the uterus high up in the pelvis. Coughing produced no impulse in the lower portion of the mass, and in the upper part the impulse was so slight that the diagnostic value of this symptom was lost.

Uncertain as to the nature of the tumor, I determined to make an incision into it and examine its contents. Chloroform having been given, I very slowly and carefully cut through the wall (fully an inch thick) of the mass, and at once exposed a portion of the large intestine. The bowel was intimately adherent to the inside of the sac; but fearing I might mistake it for a cyst, I dissected it loose for some distance, and carried my finger around it. By carrying my finger into the opening I had made, and through the body of the hernia to the labium, I could trace the protrusion into the pelvis.

The wound, about 4 inches long, was closed with silver sutures; cold water dressings applied; the woman put to bed, and the tumor elevated by a cushion placed under it. No inflammation or trouble of consequence followed the incision, and at this date (six weeks after the operation) the wound has nearly healed, and the tumor—the woman being still in bed and the hernia kept elevated—diminished more than one-half in size.—*Virginia Med. Monthly.*

## How to Cure a Cold in the Head.

By David Ferrier, M. D., Assistant Physician to King's College Hospital.

THOUGH a cold in the head gives rise to much discomfort and uneasiness, it is not usually considered grave enough to necessitate professional advice; and the unfortunate victim of nasal catarrh, with watery eyes, running nostrils, sneezing, and nasal speech, is more often regarded as a subject of ridicule rather than of sympathy or commiseration.

Being occasionly liable to severe nasal catarrh, often of prolonged duration, and having a lively sense of the inconvenience and discomfort attaching to it, and being threatened with a cold in the head one evening lately, with prospect of serious inconvenience to public speaking next day, I endeavored to devise some plan of treatment more speedy and efficacious than the usual one of "sudorifics and lying in bed." Having succeeded almost beyond my expectations, and having since found the method equally successful in the case of others to whom I have recommended the treatment, I offer it in the hope that it may prove equally efficacious in the hands of others. As the local symptoms of cold in the head are the chief source of annoyance and discomfort, local treatment seems the most rational.

The symptoms being those of acute catarrh of the nasal mucous membrane, the treatment which seemed to me most likely to succeed was that which I have always found most efficacious in acute catarrh of the gastric mucous membranes. In the acute catarrh of alcoholism accompanied with profuse secretion of mucous, which is often vomited up in large quantities almost without effort, as well as in the more chronic forms of gastric catarrh, bismuth alone, or in combination with morphia, acts almost like a specific.

On the same principle the topical application of bismuth to the nasal mucous membrane seemed to me the plan most likely to be followed by beneficial results. I do not know whether the plan is absolutely original, but I am not aware of its having been adopted previously. This, however, is of no importance compared with the question of its efficacy.

On the evening in question I began to suffer with the symptoms of cold in the head—irritation of the nostrils, sneezing, watering of the eyes, and commencing flow of the mucous secretion. Having some trisnitrate of bismuth at hand, I took repeated pinches of it in the form of snuff, inhaling it strongly, so as to carry it well into the interior of the nostrils. In a short time the tickling in the nostrils and sneezing ceased, and next morning all traces of coryza had completely disappeared.

Bismuth, alone, therefore, proved quite successful, but it is better in combination with the ingredients in the following formula. Bismuth by itself is rather heavy, and not easily inhaled, and it is, moreover, necessary that it should form a coating on the mucous membrane. It is, therefore, advisable to combine it with pulv. acaciæ, which renders the bulk larger and the powder more easily inhaled, while the secretion of the nostrils causes the formation of an adherent mucilaginous coating, of itself a great sedative of an irritated surface. The sedative effect is greatly strengthened by the addition of a small quantity of hydro chlorate of morphia, which speedily allays the feeling of irritation and aids in putting a stop to the reflex secretion of tears.

The formula which I find on the whole the most suitable combination of the ingredients of the snuff is as follows: Hydro-chlorate of morphia, two grains; acacia powder, two drachms; trisnitrate of bismuth, six drachms. As this is neither an errhine nor a sternutatory, but rather the opposite, it may be termed an anti-errhine or anti-sternutatory powder. Of this powder one quart to one-half may be taken as snuff in the course of twenty-four hours. The inhalations ought to be commenced as soon as the symptoms of coryza begin to show themselves, and should be used frequently at first, so as to keep the interior of the nostrils constantly well coated. Each time the nostrils are cleared another pinch should be taken. It may be taken in the ordinary manner from between the thumb and forefinger, but a much more efficacious and less wasteful method is to

use a small gutter of paper, or a "snuff spoon," placing it just within the nostril and sniffing up forcibly so as to carry it well within. Some of the snuff usually finds its way into the pharynx, and acts as a good topical application there, should there be also pharyngeal catarrh. The powder causes scarcely any perceptible sensation. A slight smarting may occur if the mucous membrane is much irritated and inflamed, but it rapidly disappears. After a few sniffs of the powder, a perceptible amelioration of the symptoms ensues, and in the course of a few hours, the powder being inhaled from time to time, all the symptoms may have entirely disappeared.

I am writing this note cured of a cold in the head, which I began to manifest in a very decided manner last night, viz: weight in the frontal sinuses, tickling of the nostrils, sneezing, watering of the eyes, and commencing flow of the nasal mucous.

I commenced taking the snuff, continuing at intervals for about two hours, thoroughly coating the interior of the nostrils with it. Next morning I found myself entirely free from catarrh. The effects in my own case have been twice so rapid and beneficial that I look with comparative indifference on future colds. In the case of others to whom I have recommended the same treatment, equally rapid and beneficial results have followed. One of my students in King's College Hospital described the effects as quite magical and unexpected, having in this way got rid of a cold in one evening. The other day one of the officials in King's College asked me if I could do anything to check a dreadful cold in the head, which he had just caught. I gave him the above prescription, asking him to note the results. A day or two after he came and told me that I had given him very marvellous stuff, as he had not taken more than one-eighth part before he had got rid of all his uneasiness and discomfort. Though I have not yet had very many opportunities of trying this method of cure, the success so far has been such as to warrant my recommending it as a rapid and efficacious treatment of nasal catarrh.—*Lond. Lancet.—Am. Med. Weekly.*

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Solution of Salicylic Acid.—Emlen Painter, Ph. D. (*Pacific Med. & Surg. Jour.*, April, 1876) suggests the following formula, which contains two grains of the acid to the fluid drachm: acid. salicylic., gr. xxxii; sol. acet. ammon., oz. ii. Dose, a teaspoonful, to be increased or diminished as required.

## The Esmarch Bandage and its Substitutes.

By R. J. Levis, M. D., Penn'a Hospital.

THE advantages of the elastic bandage in securing bloodless operations are now generally recognized by surgeons, and some practical suggestions, intended to impress the profession in regard to its great merits and which will facilitate its general use, may be acceptable.

In the last issue of the *American Journal of the Medical Sciences* is a communication from Dr. David Little, which is inclined to disparage the merits of the elastic bandage, as compared with the substitution of an ordinary muslin roller bandage which he recommends for such purposes. Immediately on the first publication of Professor Esmarch's article on the avoidance of hemorrhage by the use of an elastic bandage, and before the proper appliance was obtainable, I repeatedly used the ordinary muslin roller to effect the compression, and am able, from practical experience, to give evidence of its decided inferiority to the india-rubber bandage.

The peculiar advantage of the elastic bandage is the *equable* and *continuing* pressure which is produced in applying it, so that the blood is gradually and continuously forced upward, and none is retained, as with the muslin bandage, between irregularly constricting lines of the circular turns. The muslin roller well applied may answer somewhat effectively, as I know from experience, particularly on attenuated limbs or on the distal portions of extremities; but surgeons may be seriously disappointed in producing with it bloodless operations in the upper portions of limbs of vigorous patients, especially of those which are large or very fat. If, on an emergency, the simple muslin bandage be ever resorted to, I recommend that two such bandages be placed on the limb, every turn of the bandage made by the surgeon being *immediately* followed by another similar bandage in the hands of an assistant: thus equable, continuous, and forcible pressure may be effected. A better and more effective bandage than that of muslin for bloodless operating may be made of a good quality of ordinary flannel, long enough to encase the limb well, with full allowance for overlapping of edges.

I have for a long time discarded the use of the elastic webbing and constricting tubing, as proposed by Professor Esmarch, in favor of a bandage made of pure india-rubber. The bandage which I

am in the habit of using for encasing the limb is five yards long and two and a half inches wide; and the constricting band or tourniquet is of a much thicker and stronger material, two yards in length and one inch and three quarters in width. The pure india rubber bandage has the merits of greater elasticity, strength, durability, cleanliness, cheapness, and more perfect adaptability. The constricting band is perfectly effective as a tourniquet, without the great disadvantage of the narrow tubing of Professor Esmarch in producing severe linear pressure, which, it is known, has often caused more or less enduring paralysis from extreme nerve-compression. My tourniquet band is without the complications of chain and hook, as in Professor Esmarch's, the final securing being simply effected by tying together pieces of strong cord, one of which is permanently attached through a hole in each end. The elastic bandage, as I have described it, can be procured of Mr. Levick, manufacturer of india-rubber articles, 724 Chestnut Street, Philadelphia.

It should be borne in mind that the advantage of the Esmarch bandage is not alone in the avoidance of the loss of blood in the patient, but every surgeon who has effectively used it in such operations as the excisions of joints or of necrosed bone is aware of how the completely exsanguinous condition of the tissues, resembling those of the cadaver, facilitates the accuracy of the procedure.

Mr. Erichsen has made the remark that he "fears that the cultivation of surgery as an *art* is not keeping pace with the progress of surgery as a *science*;" and the surgeon who appreciates the value of what is well expressed in an aphorism from a recent address of Sir William Fergusson, that "the glory of surgery is *precision*," will surely recognize in the use of the elastic bandage an advancement in the precision of surgical art.—*Phila. Med. Times.*

## Rapid Diminution of a Remarkably Large Spleen Under the Hypodermic Employment of Ergot.

By J. H. Miller, M. D., Moberly, Mo.

Mrs. S——, aged 28, married, the mother of three children, of previous good health, was attacked in August last with bilious fever, as she stated, recovered, but shortly relapsed, and has since that time been suffering from frequent attacks of intermittent fever of the quotidian type.

Her physician, not having been penetrated with the incandescence of advanced medicine, but a thoroughly sterotyped routinist, put her through on remedies of the most obsolete character; and what her disease had not already done for her, he very effectually accomplished.

On the second day of January I called to see her, and found her in extreme prostration and very anæmic with dyspepsia, neuralgia, a marked form of intermittent fever, and with a spleen of extraordinary dimensions; so large was it that the whole abdominal cavity, from the extreme left to the middle of the right hypochondrium, and from the umbilicus into the epigastrium, was occupied by its presence

After improving her general condition by proper alimentation, by tonics, and by stimulants, I addressed my remedies more particularly to the reduction of the size of the spleen, and prescribed for that purpose large doses of quinine, chloride of ammonium and iodine, with iodo croton liniment externally.

Having failed, after considerable perseverance with these remedies, to elicit a favorable response, I determined to abandon them entirely, and put the therapeutic power of ergot fairly to the test.

No other remedies were administered except tinc. gentian, ℥iii, acidi hydrocyanic dilut., gtt. xxiv., one teaspoonful thrice daily, for some gastric troubles which seemed to call for special attention.

On the sixth day of February I made the first hypodermic injection of ergot. I visited her again on the 7th, and made the second injection; and, although I did not find any diminution in the size of the spleen, yet discovered a very sensible change in its character and consistency. On the 8th I made the third injection, and at that visit there was a very perceptible shrinkage. Owing to professional engagements of a different character, I did not visit her on the 9th. On the 10th I made the fourth insertion, and found a very decided diminution in its size; and for four consecutive days I made injections with rapid and marked diminution. On the 14th, it had almost attained its normal size. Thus, from the 6th to the 14th, that enormous spleen had almost entirely disappeared under the hypodermic use of ergot alone. On the 4th of March I called in order to ascertain if the improvement had been permanent. She met me at the door with a recognition of complaisance and with expressions of profound gratitude. The spleen was normal.—*Cincinnati Med. News.*

# CORRESPONDENCE.

## Letter from New York.

MAY 10, 1876.

"I know thou art full of love and honesty,
And weigh'st thy words before thou giv'st them breath."
SHAKESPEARE.

But: "Follow not truth too near the heels,
Lest it dash out thy teeth."
BRAKESPEARE.

To the Editor of The Medical Student:

NEW YORK is at last almost settling down from the hubbub of the mysterious Presbyterian Hospital affair, which has carried such strange results in its course, and of the origin and merits of which there were such conflicting accounts.

Plausible rumor gives circulation to the following causes of the outbreak. Some of the hospital-staff had bought their places, and thought that they had some rights which others, especially women, were bound to respect. They did not like Mr. Lenox's most trusted medical friend as chief of the medical staff, because he had had the biggest head and body in New York, while they preferred the one who had the smallest foot and hand. They also thought that Mr. L. should give his influence to those whom he did not know, and hence did not like; instead of to those whom he did know, like and trust. Besides, it was thought appropriate to have an Episcopalian doctor at the head of a Presbyterian hospital medical staff; and they preferred Lilliput to Brobdinag; black to White, St. Peter to St. Paul; Day to night—a Roland to an Oliver.

Hence, they quietly dropped the Websterian and Oliver Cromwellian big man and went for St. George and his little dragon.

As a Roland for this Oliver, the lay-directors immediately and arbitrarily dropped four of the very best and most gentlemanly and innocent of the medical staff who had not given any cause of offence or paid any Peter's pence for their places. It was regarded as a fair and christian-like retaliation, if their best man was cavalierly turned out, that four of the very best men on the other side should keep him company. If anything else had been done, good would not have been returned for evil.

Thus was laid the basis of a just and gentlemanly quarrel, with a great deal of right on both sides; as there always ought to be in all honorable disputes.

But the lay-directors still more arbitrarily filled up the vacancies they had so summarily created, by the appointment of four well-known and widely esteemed men who had failed to obtain places at the first organization of the Staff. As quiet, but not under-hand, procedures seemed the order of the day, they did not consult these gentlemen anew, nor al-

low them to apply for the vacated places; but simply appointed them; hoping that they would not only accept, but stick.

The howl that was now raised—not by the four fallen heroes, but by their friends—exceeded all that was ever heard of in Little Peddlington. The howl was increased to a fierce growl, when the voices of St. John, crying in the wilderness, and many honorable men, were aided by a few Adullamites, who here saw their opportunity, so long delayed.

The elevated four had a hard time of it, which they bore with commendable meekness and patience, but very great firmness. A vigorous attempt was made to dragoon them out, and to bully the whole profession into the belief that it was dishonorable to accept vacancies which had been created by thwarting the views of the principal subscribers and directors of a great medical charity.

The cause of the fallen four was so good that they rightly and necessarily gained many earnest and influential friends and the confusion grew apace. For a time, the Wheels of the hospital machine seemed locked; the Ball could not roll; Day-light could not appear; and the Wards were noisy. The adventures of old mother Hubbard's dog, were nothing in comparison to the up and down-transmogrifications of the different phases of the dispute, or rather of the howl, for the winning side said nothing except that it had a right to places legally vacated, and honorably offered to them. Hints were lost on men not accustomed to be dictated to. The Burrs all stuck, as is right and proper, when people wilfully brush against them; the Banks would not give way to unjust pressure; Brid would don his new honors; the Posts would not budge; and Gurdon, buckled.

Finally, as there was a woman in the case, she and the rest of the old Staff gallantly resigned; their places were quickly filled; and the whole affair, as far as the Presbyterian hospital is concerned, "petered" out. But the St. Johns, St. Georges, St. Thomases, St. Markoes, Bill Allens, and Adullamites clubbed into a band of brothers which carried devastation far and wide into the Medical Societies, a history of which may be given at another time.

We like the West Va. MEDICAL STUDENT here very much, and think, as regards paper, typographical appearance and contents, it is far superior to our own Journals, except the NEW YORK MEDICAL and the OBSTETRICAL It gains in value and appearance with every new number.

STEVENS.

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OIL OF SANDAL-WOOD IN THE TREATMENT OF GONORRHŒA.—Dr. S. B. Merkel writes to the PHILA. MED. TIMES, April 29th, that the oil of sandal-wood possesses a much greater power in restoring to a healthy state the mucous membrane of the urethra than does either cubebs or copabia. In no case has he ever known it to produce sickness.

## From Philadelphia.

May 11, 1876.

To the Editor of The Medical Student:

DEAR DOCTOR,—We are ready to welcome the world. The Exhibition was formally opened yesterday, and all went off well. A few minor matters are yet to be completed, and some of the exhibitors —tardy as usual—are not quite ready, but despite these, the show is perfectly immense. Although I have constantly watched the progress of and made very many visits to the place, I am really astonished at the vast and wonderful display of art, science, invention.

To all who have visited one of our Franklin Institute displays, I can say multiply our last one, that held in the great depot at 13th and Market Sts., ten thousand times, and you can form some idea of the Centennial. No one should fail to see it. It will, however, take very many days to go over the whole of the enclosure and note all the deposits in the several buildings.

I feel that it is folly for our Committees, who are arranging for the sessions of the three Medical bodies, to think of offering any other entertainment. This alone will occupy every moment the members can spare from the meetings, and all will be amply repaid by every visit.

The babel of tongues was really bewildering yesterday. As I passed along the aisles, I heard delighted and wondering exclamations in French, German, Spanish, Italian, curiously mixed with scraps of English. Our streets are crowded with strangers and our own people. A great city like this absorbs so many people, that it is only on special occasions that we become aware of what a population we have. Masses of people were at the grounds; as I came in many, many thousands were thronging the way in cars and every variety of conveyance, pressing towards the busy scene; and yet when I arrived in the heart of the city, the streets were so crowded with sight-seers that it was almost impossible to cross the lines on either side.

We laid ourselves out in flags. They were everywhere to be seen. Night found the city almost fully illuminated. Even away from the great centres, the blaze of light was the rule, with an occasional exception to make a strong contrast. Come and see for yourself.

Dr. Joseph Carson, for so many years the Professor of Materia Medica in the University of Penn'a, has resigned his chair. It is thought this will be the commencement of many and great changes in that time-honored school. The retirement of Dr. Carson has caused much regret, though his age and declining strength have won for him the right to relaxation from the laborious duties he has so long performed.

Prof. F. G. Smith has just gone abroad for his health. It is greatly

feared that he has done like so many of the brethren—postponed until too late, the needful rest.

Should an infusion of younger blood be poured into the veins of our venerable Mother of all the Medical Schools of the United States, it is expected that an effort will be made to make it more like what such an institution should be—a graded school. It seems the veriest folly to continue the present style of teaching. Giving two or three terms of lectures: each year a copy of the preceding. The mere tyro vainly endeavoring to understand what is only fitted for his advanced fellow-student. The advanced student wasting his time in listening to a repetition of his A. B. C. of Medicine.

Rumor has it that the new professor has already been selected, and that he is one eminently qualified, a little erratic, not always understood, very impulsive, equally tenacious, and fully determined to push his views of what medical teaching should be to a trial, should he have the opportunity. The Trustees meet to make their selection a little after the middle of June, and by all much anxiety is evinced.

The walls of the new Hospital for the Jefferson Medical College are very slowly rising above ground, much too slowly for the impatient waiters. You must know that in the circles of "Old Jeff" there exists great desire to know what will be the line of action adopted by this school. Shall it be like the University with a corps of adjuncts or clinical professors? Or will the present men do the work with a few aids? Much depends. As yet, all is chaos. So soon as a plan is adopted I will inform you.

Let us hope that in both instances, a step forward and upward will be taken,,leading to a higher standard of medical education. This is imperatively demanded. At present a Diploma from either school really implies nothing. The people have no protection; in selecting a physician, they are utterly left without a guide. The title M. D., too often means anything but a learned man. Let us wait and hope.

Yours, PHILOS.

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### From Cincinnati.

May 15th, 1876.

To the Editor of The Medical Student:

DEAR SIR,—I am sorry I did Dr. J. C. Reeve injustice in saying that he was one of the warmest friends and supporters of chloroform as an anæsthetic; and now that he has shown that I was wrong, I will promise him never to make the same mistake again. C. A.

THE MEDICAL STUDENT.

James E. Reeves, M. D., Editor and Proprietor.

JUNE, 1876.

## QUACKERY AT THE NATIONAL CAPITOL.

REALLY there seems no end to the demoralization that exhibits itself at Washington. Nefarious schemes in politics, bribery, theft, and other disgraces have recently been exposed, and now comes a device of charlatanry—"A Bill to Incorporate the National Surgical Institute of the District of Columbia"—which for effrontery and magnitude of aim, exceeds all former attempts of the many-headed Monster to link itself to respectability and secure popularity.

That the corporators, every one of them, are men of easy morals in medical ethics there cannot be the least doubt, and if they are not already outside the pale of respectable professional association, they deserve, on the testimony of the above-named Bill, to be kicked without, immediately. Their names are Dr. Horace R. Allen, of Indianapolis; Dr. William L. Peck, of the same city; Dr. William P. Johnson, of Philadelphia; Dr. J. M. Hinkle, of San Francisco; and Dr. George W. Handy, of Atlanta.

The 3d Section of the Bill sets forth the purposes of the "Institute" as follows:

> SEC. 3. That said corporation shall have power to establish in the District of Columbia an institute for the purposes of the treatment of all surgical cases; and for the manufacture and sale of surgical instruments and appliances for the treatment of injuries, diseases and deformities; and also for the establishment, in said District, when deemed advisable, of a school of surgery for teaching the science and practice of surgery in all its branches; and for the establishment, in said District, when deemed advisable, of a charity hospital for the surgical treatment of diseases, injuries and deformities.

We commend to the attention of West Virginia Congressmen and Senators, the following PROTEST from the Medical Society of the

District of Columbia. We are confident it expresses the sentiment of every regular physician in this State.

*To the Honorable the Senate and House of Represenatives of the United States in Congress assembled:*

The undersigned, the officers and a committee of the Medical Society of the District of Columbia, in pursuance of instructions of said Society, respectfully protest against the passage of the bill, entitled "A Bill to Incorporate the National Surgical Institute of the District of Columbia," for the following reasons, to wit:

I. There are hospitals, providing ample accommodations, for the treatment of surgical diseases in successful operation in this District, in which all such diseases as are described in said bill are treated according to the most approved methods; and if the persons named in said bill are possessed of any special skill, unusual dexterity, or extraordinary proficiency in the art and science of surgery no protection is needed from the National Government to insure their success when brought in open competition with others pursuing the same profession.

II. If these gentlemen desire to practice their profession there is nothing to prevent their doing so in this or any other locality; but to establish a gigantic corporation of this description is simply using the Congress of the United States for an advertisement, and it would be a wrong upon the profession of medicine to confer special privileges upon any organization of men, or even, by implication, to acknowledge by an act of incorporation, that any man or set of men can, or should claim, as a vested right, any method of treatment or surgical appliance as his or their exclusive property, with the sole right of use and application.

III. Such an act of incorporation would be simply an instrumentality whereby certain men would become enriched at the expense of the health and lives of their unfortunate victims, and would be derogatory to the dignity of the medical profession, detrimental to the interest of the community at large and afford opportunity to charlatans and unprincipled persons to covertly conceal their blunders under the protecting ægis of an act of incorporation.

IV. Another provision of said bill authorizes the establishment of a "school of surgery for teaching the science and practice of surgery in all its branches." This, in other words, establishes a medical college for the instruction, alone, in one branch of medicine, with the full power to send forth its alumni as competent to practice that one branch, without a full, complete, and necessary medical education, thus omitting entirely the usual safeguards and restrictions which have been found necessary to prevent unprincipled men from establishing "bogus colleges," and selling diplomas to unqualified persons.

V. In conclusion, may we not respectfully inquire if this may not be an effort to commit the Congress of the United States to the exercise of a doubtful power, in establishing an institution which purports to be local in its character, but which may eventually endeavor to extend the operation of its special privileges over the entire country, by virtue of authority derived from the General Government?

NATHAN S. LINCOLN, M. D.,
*President Medical Society, D. C.*

C. H. A. KLEINSCHMIDT, M. D., *Secretary.*

A. Y. P. GARNETT, M. D.,
J. FORD THOMPSON, M. D.,
ROBERT REYBURN, M. D.,
W. H. TRIPLETT, M. D.,
S. C. BUSEY, M. D.,
} *Committee.*

We know no place on *terra firma* where such an institution, as the one proposed by Dr. Horace Allen & Co., could be more appropriately located than at Ann Arbor, Mich.

There would, probably, not be the least trouble in obtaining a State charter; and moreover, if there located, a magnificent opportunity would be afforded for the display of Homœpathic surgery unsupported and unsullied by the dignity of the "true church." In it, also, might be founded a chair of SPIRITUALISM which would make the establishment complete.

——STATE MEDICAL REGISTRATION.—With this issue of the MEDICAL STUDENT we send out to our readers in West Virginia blank Form for a correct registry of the name, post-office address, medical school attended, date of graduation, etc., of every regular physician in the State.

The importance of such a record is so plain that it requires no argument to secure its easy and prompt completion. There are in West Virginia at least 500 physicians in regular practice, and the power of their influence, if harmonized and properly directed, can be turned to good account in shaping legislation on the subjects of a State Board of Health, the prohibition of the practices of itinerant quacks, and the protection of capable, honorable practitioners against unjust prosecutions on a charge of malpractice, by worthless scoundrels who seek to make money by their misfortunes. The gross injustice of compelling intelligent physicians and surgeons to

submit to the arbitrament of a jury made up, as is usually the case, of the odds and ends of society—a set of nothing-to-do loafers who congregrate about the court-houses, hoping to be subpœnaed to decide questions of law—is a blot on the ancient rubric, by denying the right secured to every man, under the constitution, of a trial by his peers. A jury composed of Chinamen would be as hopeful in deciding a question of science—in discovering the relation of cause and effect—in understanding the processes of injury and repair—to tell when shortening of a limb or deformity, is due to natural or unavoidable causes, and when to incompetency or neglect on the part of the physician or surgeon in charge of the case.

In several of the counties there are at this time suits in progress for malpractice; where physicians, after the most faithful service have been dragged into court on unwarranted charges; and in each instance, we believe, the prosecution has been instigated by the joint activities of a medical quack and a quack at the law—a handsome co-partnership, indeed, for the defamation of professional character, and devouring the hard earnings of honest men. Justice demands that in all suits for malpractice, the defendant should not only be compelled to give security for costs, but for cross-damages equal to the sum of his claim; then, there would be something like equality at the law.

It is to the credit of the legal profession in Wheeling that the Court Records in this county, show such prosecutions to have been few and far between; and the medical men of the city, have guarded well the honor of the profession from such assaults. It is no unwarranted assertion to make that, as a class of honorable men, physicians have no superiors in the family of the learned professions, neither are they outranked in point of influence with the masses. The very nature of their calling—bringing them face to face with all sorts and conditions of men, and frequently in the most tender sympathy—gives them their influence and power in society. Shall they not profit by their strength? At no time in the past has there been so great a necessity as at present for a larger and more intimate acquaintance with each other, and greater concert of action for the common good.

The proposed registration will lay the foundation for a thorough organization, without which no successful effort can be made to ac-

complish the objects we have named. We hope, therefore, that every regular physician in the State will busy himself to make the record as perfect as possible. Besides the immediate advantages to be gained, it is due the future that the profession should make some such personal marks for this day and generation. When completed and printed, it will be sent out with the MEDICAL STUDENT to every name on the record.

——A GOOD MOVEMENT.—A Convention will be called to order in the hall of the Jefferson Medical College, Philadelphia, at 11 o'clock, on Friday, June 2d,—four days in advance of the meeting of the American Medical Association—to consider all matters relating to reform in Medical College work. The Officers of twenty-four regular Colleges have signified their hearty approval of the movement.

——CREDITABLE DISCLAIMER.—At a recent meeting of the Wheeling and Ohio County Medical Society, Dr. M. F. Hullihen, of this city, called up the subject of his case of "Plastic Surgery," reported at the session of the State Medical Society at Point Pleasant, last June, and declared that he was in no manner responsible for the newspaper notoriety it had obtained. He said it was due the home profession that he should make the statement, and requested us to place him right on the record in order to correct any misapprehension, as to his complicity in the publications referred to, which may have been influenced by the "savage review" of the last Volume of State Transactions, in our December issue. It affords us all the more pleasure to do this because his disclaimer, besides being a credit to himself, shows an improving professional sentiment in this community concerning the use of the secular press by medical men in "good standing," and is also a gratifying proof of the wholesome influence exerted by the MEDICAL STUDENT in upholding the honor and dignity of the regular profession hereabouts.

——CORRECTION.—In Prof. Dawson's very instructive Clinic which opens this No., read on page 251, 10th line from bottom, for "soft chancroid," a "soft chancre"—a "chancroid."

——SMALL-POX.—Dr. R. R. Frey, of Portland, Preston Co., W. Va., reports 30 cases of small-pox in the neighborhood of Brandonville.

——BOOK NOTICES and acknowledgements to authors, are crowded out of this Number.

# TO THE MEDICAL PROFESSION.

## A NEW AND IMPORTANT REMEDY.

# LACTOPEPTINE.

**LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.**

***The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon plastic food.***

*This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of* **Dyspepsia, Intestinal diseases of Children, Chronic Diarrhœa, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from imperfect nutrition.**

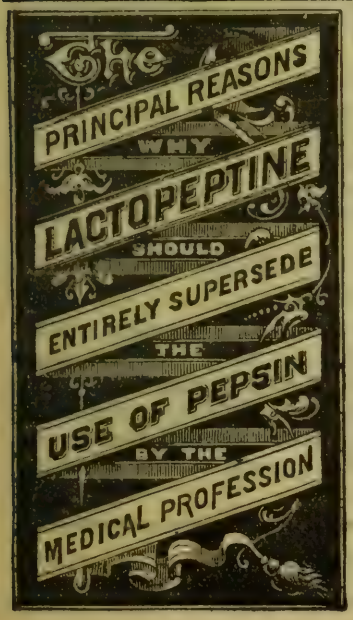
*One of the most important applications of* **LACTOPEPTINE** *is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.*

**LACTOPEPTINE,** *as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.*

### FORMULA OF LACTOPEPTINE.

| | | | |
|---|---|---|---|
| *Sugar of Milk,* | *20 Ounces.* | *Veg. Ptyalin or Diastase,* | *1 Drachm.* |
| *Pepsin,* | *4 " .* | *Lactic Acid,* | *2½ fl. Drachms.* |
| *Pancreatine,* | *3 " .* | *Hydrochloric Acid,* | *2½ fl. " .* |

*Powder and Mix.*




**1st.**—It will digest from three to four times more *coagulated albumen* than any preparation of Pepsin in the market.

**2d.**—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.

**3d.**—It will change the *starchy* portions of vegetable food into the assimilable form of Glucose.

**4th.**—It contains the natural acids secreted by the stomach (*Lactic and Hydrochloric*), without which Pepsin and Pancreatine will not change the character of coagulated albumen.

**5th.**—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one third more albumen than the combined digestive power of each agent separately in same length of time.

**6th.**—IT IS MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. *An ounce of Lactopeptine is, therefore, fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.*

*All the Statements made in this Circular are the result of repeated and careful experiments.*

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The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

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Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

The undersigned, having tested REED & CARNRICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formula, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, *April 6th*, 1875.

J. R. LEAMING, M. D.,
Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,
Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,
Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,
Professor of Orthopœdic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.,
Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics, and Clinical Medicine.

SAMUEL R. PERCY, M. D.,
Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,
Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,
House Physician Bellevue Hospital.

GEO. F. BATES, M. D.,
House Surgeon Bellevue Hospital.

INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of *LACTOPEPTINE*, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON, M. D.

BRANDON, VT., March 31st, 1875.

I desire to say that I have used *LACTOPEPTINE* for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,
Late Professor of Obstetrics and Diseases of Women and Children, Vermont Med. College.

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE, BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of *LACTOPEPTINE* and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of *LACTOPEPTINE* in my own case. This was, in brief, an inherited, fostered, and persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

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*A large proportion of diseases are the result of imperfect digestion.*

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*In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with Lactopeptine.*

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The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhœa, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

NEWTON, IOWA, May 19th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy. H. E. HUNTER, M. D.

WEST NEWFIELD, ME., June 14th, 1875.

*LACTOPEPTINE* seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years.

JAMES M. WILSON, M. D.

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine. W. W. GOODWIN, M. D.

EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it. F. C. CORNELL, M. D.

CORTLAND, DE KALB CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried. G. W. LEWIS, M. D.

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* We desire particularly to call the attention of the Profession to the great value of LACTOPEPTINE when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

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*One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces.*

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*One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.*

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CHILLICOTHE, MO., September 4th, 1874.

I have used *LACTOPEPTINE* this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used. J. A. MUNK, M. D.

FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your *LACTOPEPTINE*, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

WHITE HALL, VA., January 4th, 1875.

A short time since I sent for some of your *LACTOPEPTINE*, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the *LACTOPEPTINE*, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered. Very truly, E. B. SMOKE, M. D.

INDIANOLA, IOWA, December 11th, 1874.

I consider the *LACTOPEPTINE* a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the *LACTOPEPTINE* she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting stercoracious matter; had retained no nutrition for several days. I gave the *LACTOPEPTINE* with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the *LACTOPEPTINE* was his *sheet anchor*. I am now using the *LACTOPEPTINE* in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine. C. W. DAVIS, M. D.

CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe *LACTOPEPTINE* to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, *LACTOPEPTINE* invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used *LACTOPEPTINE* in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEORGE C. BLAISDELL, M. D.

MO. VALLEY, IOWA, November 12th, 1874.

Some months since I saw in a medical journal a notice of your *LACTOPEPTINE*. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office, saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

---

*One drachm of Lactopeptine will transform four ounces of Starch into Glucose.*

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### AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE *ATLANTA MEDICAL AND SURGICAL JOURNAL*, NOVEMBER, 1874.

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# FORMULÆ.

*The following valuable formulæ have been contributed by* J. King Merritt, M. D., *who has used them with great success in his practice:*

**No. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.**

| | | | |
|---|---|---|---|
| ℞ | Liquid Lactopeptine, | | dr. vi. |
| | Fl. Ex. Cinchona Comp., | | dr. i. |
| | Fl. Ex. Taraxacum, | | |
| | Tinct. Zingiber, | aa | dr. iii. |
| | Hydrochloric Acid Dilut., | | dr. i. |
| | Spts. Lavender Comp., | | dr. ii. |
| | Sulphate Quinia, | | grs. xl. |

M. *Dose.*—One teaspoonful every two or three hours.
Sig.—Quinine mixture or tonic mixture.

### REMARKS.

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

**No. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.**

| | | |
|---|---|---|
| ℞ | Liquid Lactopeptine, | dr. vi. |
| | Fl. Ex. Cinchona Comp., | dr. i. |
| | Tinct. Zingiber, | dr. iii. |
| | Spts. Lavender Comp., | dr. v. |
| | Aromatic Sulphuric Acid, | dr. i. |
| | Essence Menth. Pip. or Gaultheria, | gtts. x. |
| | Sulphate Quinia, | grs. xl. |

M. *Dose.*—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit, by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

**No. 3.—FOR MALARIAL DYSPEPSIA.**

| | | | |
|---|---|---|---|
| ℞ | Liquid Lactopeptine, | | dr. fl. vi. |
| | Fl. Ex. Cinchona Comp., | — | |
| | Tinc. Nux Vomica, | aa | dr. xi. |
| | Spts. Lavender Comp., | | oz. ss. |
| | Hydrocyanic Acid Dilut., | | dr. ss. |
| | Syr. Aromatic Rhubarb, | | oz. ss. |
| | Sulphate Quinine, | | dr. ss. |

M. *Dose.*—One teaspoonful with water *ad libitum* at meals (before or after), and *at bed time if required;* also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, *in case the patient should suffer from positive signs of indigestion, although the dose of Formula No.* 3 *has already been taken at the meal time,* either immediately before or after eating, in accordance with the rule or foregoing instruction.

**No. 4.—FOR CHRONIC DIARRHŒA.**

| | | |
|---|---|---|
| ℞ | Liquid Lactopeptine, | dr. vi. |
| | Liq. Opii Comp. (Squibbs'), | dr. iii. |
| | Nitric Acid Dilut.; or, Aqua Regia Dilut., | dr. i. |
| | Syr. Aromatic Rhubarb, | dr. ii. |
| | Pulv. Nit. Bismuth, | dr. ss. |
| | Aqua Camph., | oz. ss. |

M. *Dose.*—One teaspoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and *this rule* should be *persisted in* for two or three days, or until the diarrhœal tendency has been entirely subdued.

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| Scammony, | 6 grs. |
| Liquorice, | 1 dr. |
| Ginger, | 3 grs. |
| Coriander, | 5 " |

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| | |
|---|---|
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| Phosphorus, | 1-100 " |
| Ex. Cannabis Indica, | 1-16 " |
| Ginseng, | 1 " |
| Carb. Iron, | 1 " |

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|---|---|
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| Sesqui Oxide Iron, | 1 " |

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JAMES E. REEVES, M. D., Editor and Proprietor.

*JULY, 1876.*

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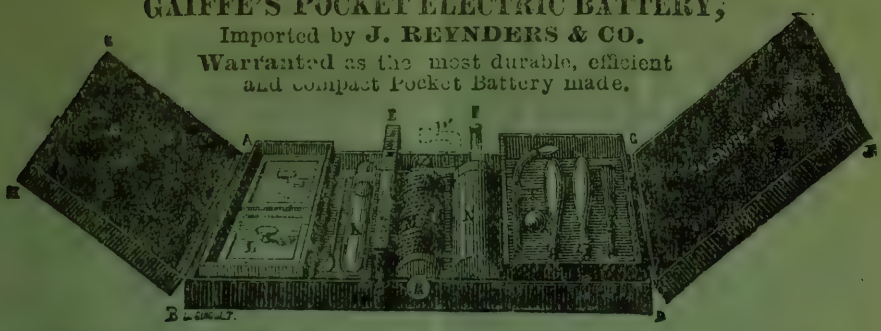

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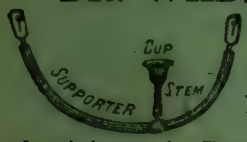


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A MONTHLY RECORD OF THE PROGRESS OF MEDICINE, SURGERY AND THE ALLIED SCIENCES.

Vol. 1. WHEELING, JULY, 1876. No. 9.

## Original Communications.

### Art. 1.—NOTES ON THE EARLY HISTORY OF DIPHTHERIA IN THE UNITED STATES.

By DR. JOHN C. PETERS, of New York.

BY the kindness of Dr. S. S. Purple, President of the New York Academy of Medicine, I have had access to the letter of Dr. Cadwallader Colden, of New York, to Dr. Fothergill, and to the paper of Dr. Samuel Bard, on Diphtheria.

Both of these gentlemen refer to Dr. Douglass, of Boston, who described the disease in 1735.

Dr. Douglass records the appearance of the "*throat distemper*" at Kingston, an inland town of New England, about the year 1735. Dr. Colden says it spread from thence, and moved gradually westward, so that it did not reach the Hudson river till near two years afterward. It continued sometime on the east side of the river, before it passed to the west, and appeared first in those places to which the people of New England chiefly resorted for trade, and in places through which they travelled.

It continued to move westerly, till it probably spread over all the British Colonies on the continent.

Dr. Colden, continues: "Though what I have mentioned seems

evidently to show that the disease was propagated by infection, yet children and young people were only subject to it, with the exceptions of some people above 20 or 30 years old, and a very few aged people who died of it.

"Neither did it spread equally to all places that were proportionately exposed to the infection. The poorer sort of people were more liable to it, and they who lived on low and wet grounds and on a poor scorbutic diet. In some places only a few persons or families were seized; while in others, all escaped. In some families it passed like a plague through all their children; in others, only one or two were seized. Some were attacked at such a distance from the infected, that it could not be conceived in what manner they received infection. Some families had the disease mildly, while others in the same place and at the same time had it most violently.

"For the last 14 years it has frequently broken out in different families and places, without any previous observable cause; but does not spread as it did at first. Sometimes a few only have it in a considerable neighborhood. It seems as if some seeds, or leaven, or secret cause remains, wherever it goes; for I hear of like observations in other parts of the country. *Several have been observed to have had it, more than once.*

"Nausea, or vomiting is seldom observed to accompany it. The skin is seldom parched. The pulse is usually low, but frequent and irregular. No considerable thirst. The tongue is much furred, and the furring sometimes extends *all over the tonsils*, as far as the eye can reach. At other times, in the milder kind, the tonsils appear only swelled and dotted *with white specks* of about ¼ or ½ inch in diameter, which are thrown off from time to time, in tough, cream-colored sloughs; but these are soon again renewed. Sometimes the throat is swelled inwardly and outwardly, so as to endanger suffocation.

"In some seasons it has been accompanied with miliary eruptions all over the skin; and at such times the symptoms about the throat have been mild, and the disease generally without danger." (*Scarlatinous diphtheria.*)

"Some have had sores with corrosive humors behind their ears, on the private and other parts of the body." (*Cutaneous diphtheria.*)

"The last complaint commonly is of an oppression or straitness in the upper part of the chest, with difficulty of breathing, and a

deep hollow, hoarse cough, ending in a livid strangled-like countenance which is soon followed by death." (*Croupous diphtheria.*)

"This disease is not often attended with that loss of strength that is usual in Scarlet and other fevers. So that many have not been confined to their beds; but have walked about the room, till within an hour or two of their death. And the complaint has often appeared no way dangerous, at first, to the attendants, till the sick were almost in the last agonies; though the patients themselves are generally dejected and apprehensive. Some died on the 4th or 5th day; and others not till the 14th or 15th; some even later. Sometimes nature was not able to raise a fever for the expulsion of the disorder, and the sick generally died suddenly, without a sensible struggle.

"When the surfaces of the tonsils, after the sloughs were cast off, appeared of a very fiery-red-color there was some, or even great danger; but when they were covered with a black crust it was often a fatal omen; as also when hemorrhages followed any slight scratch.

"When the disease first appeared, it was treated in the usual way, (with bleeding, blistering and purgatives?) for a common angina, and no plague was more destructive. In many families, who had a great many children, all died; and generally, when the sick fell into the hands of physicians not acquainted with the peculiar malignity of the disease the result was not favorable. Depressing and evacuating measures, after the disease had continued sometime, were destructive. The orifices made by the lancet in bleeding, and the adjacent parts were apt to become diseased. So likewise the places where blisters were applied. The ichor which issued from them corroded the parts upon which it flowed, and even slight scratches became as it were mortified. A bloody ichor continued to issue from the body long after death.

"Cold air was apt to produce relapses; and Peruvian Bark was useless, but gentle perspiration produced by warm sage, and other teas, or with serpentaria, as an antiseptic diaphoretic, was found useful; and if the disease was taken early enough it went through its course mildly, and seldom any of the more terrible symptoms appeared. *Serpentaria* was even found beneficial after serious and bad symptoms had appeared, and some recovered who seemed beyond hope.

"The presence of a miliary eruption was found very salutary in this disease; and when absent, calomel, especially when joined with

camphor, was useful. The common gargle used was a decoction of sumach berries, with serpentaria, and a little alum dissolved in it. It was thought proper always to gargle the throat before swallowing anything, (in order not to wash any of the infection down into the stomach?) The sores on the tonsils were frequently touched with the compound tincture of aloes and honey; when the throat was much swelled fomentations were used with decoctions of aromatic and other herbs, in which sal ammoniac, borax, or common salt was dissolved, with the addition of sharp vinegar.

"A girl about 10 years of age, while the throat distemper was prevailing, had sores on her private parts like those on the tonsils of others; but no symptom of the disorder appeared in her throat. The ichor which issued from these sores dried up at times, and then she was seized with violent pains in her belly. She was cured with serpentaria and the common diaphoretic medication; being careful, as in all other cases, not to produce profuse sweating, as this was found as prejudicial as any other sensible, or exhausting evacuation."

Dr. Colden seemed to think that the disease was seated in the epithelium, connective tissue, lymph-spaces and lymphatics, and that the capillaries and blood-vessels and their contents became secondarily affected; and that blood-letting and evacuants could not reach the sources of the disorder which lay in the cellular, inter-cellular and lymph-circulations.

From this most interesting letter it seems certain that diphtheria prevailed widely in the New England States and New York, from 1735, when recognized by Dr. Douglass, of Boston, till 1753, when described as above by Dr. Colden in a letter to Dr. Fothergill, printed in Vol 1st of the London Medical Observations and Inquiries, pp. 211 to 225.

It also seems evident that mild scarlatina prevailed at the same time and was regarded as far less formidable than the so-called *throat distemper*, or Diphtheria. For the cases "accompanied with miliary eruptions all over the skin, as happened in some seasons" only, were considered as "generally without danger, if not ill treated."

It is not absolutely certain that any distinction was made between the diphtheritic throat distemper and scarlatina maligna, although it appears equally undeniable that eruptions were generally absent; and that the malignancy of the disorder was in some measure attributed to the non appearance of the skin affection.

In scarlatina maligna the eruption is dusky and readily noticed.

In scarlatina without eruption there is generally some pre-existing or co-existing disease, generally entero-colitis, with severe vomiting or purging; or nephritis, with albuminuria, followed by dropsy. No mention is made of dropsy as a sequel of the Bard or Colden throat distemper, so that it was doubtless true Diphtheria; although paralysis also is not mentioned.

Again, the occurrence of diphtheritic croup is stated to have been common; while croup is rare after, or with scarlet fever, although Meigs and Pepper report several cases. Bretonneau, Rayer, and Tweedie never met with it. Guersant and Blache occasionally observed it; while although Rilliet and Barthez found false membranes in the larynx in 3 cases, yet they had not been attended with the peculiar symptoms of croup.

On the whole, we may claim positively that a large majority of the cases alluded to by Drs. Bard and Colden, were pure Diphtheria and nothing else. In my next, I will give an abstract of Dr. Samuel Bard's still more important communication made in 1771.

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## Art. 2.—CASE OF TREPHINING FOR FRACTURE OF THE SKULL—RECOVERY.

**By C. SHRIVER, M. D., Bethany, W. Va.**

NOVEMBER the 1st, I was called to see B. D——, æt. 14, who had been thrown from a horse an hour before, his head striking a stone in the street—the left parietal bone the point of injury. Found the patient insensible, surface cold, pulse slow and labored, pupils dilated—that of the right eye being dilated to the greatest extent.

On examining the scalp, found a wound on the left parietal surface an inch and a-half in extent, from left to right and backwards towards the vertex, through its entire thickness. By means of the probe I detected the rough edges of a Y shaped fracture, the left arm of the Y extending forwards on the parietal bone, the right upwards and towards the sagittal suture, the pendent arm downwards and backwards to nearly the left leg of the lambdoidal suture. Finding there was no depression, and but little laceration or bruising of the tissues, or peri-cranium, and after having shaved that portion

of the scalp about the injury, I introduced two sutures, in the hope that the bones would unite; applied a compress, and grave directions to keep the dressing wet with cold water; also administered an active cathartic, and left him still insensible.

By the time of my return, the next morning—the bowels having been well relaxed—sensibility had returned; he had passed a restless night, and his conversation was rambling. Continued the wet compress, and ordered

℞. Magnes Sulph., ℥ ij;
Ant. et Pot. tart, gr. ij;
Aquæ, ℥ vj. M.

S. A table-spoonful every 6 hours.

Saw him again on the third morning after the accident, and found his condition improved; ordered the wet compress discontinued. The improvement continued until about the 25th of the month, when symptoms appeared of unfavorable omen. Consequently I operated by Trephining, on the 3d of December, and removed a piece of the skull (entire thickness) an inch and a-half long, by one inch and a-fourth wide, exclusive of the button removed by the instrument.

Having saved the peri-cranium as well as I could, I closed the wound with four sutures, and applied a cold compress. Two of the sutures were removed on the third day, and the remainder on the fifth. In the next three weeks, the wound was entirely healed. I examined the patient a few days since and was surprised to find a thin plate of bone over the entire space, thereby forming a very safe covering for the brain.

The singularity of the case appears in this: The patient's intellectual faculties were not of the highest order, and he was quite deaf. Soon after the operation it was noticed by the different members of his family that he could hear quite distinctly, and that his tasks at school (observed by his Teacher), and at home, were more readily completed; and further, from his former taciturn disposition he became more cheerful and talkative.

## Art. 3.—CASE OF BROW-AGUE SUCCESSFULLY TREATED WITH HYPODERMIC INJECTIONS OF MORPHIA.

By Dr. R. G. Hall, Spencer, W. Va.

I have the pleasure of reporting a case of Brow-Ague, or Neuralgia of the Supra-Orbital nerve of the right side, successfully treated with hypodermic injections of Morphia, 1/6th gr. strength.

Dr. G——, resident dentist of this place, has been a sufferer from a severe neuralgic pain over the right eye directly in the course of the supra-orbital nerve. The disease was of eight years' standing, occurring at all seasons. The pain came on at 8 A. M., and continued until 4 P. M., recurring at the same hour for nine consecutive days. The attacks were instantaneous,—there being no premonitions. The eye became highly congested in a few moments after the attack set in, and the patient also suffered from photophobia and disagreeable chilly sensations. In other respects he enjoyed excellent health.

Before the patient came under my notice he had been treated by several physicians of this State with anti-periodies, narcotics, bromide potash, belladonna, chloral hydrate—internally and externally—opium, quinia, and blisters. Quinia had been given in heroic doses, producing cinchonism, but utterly failed to give relief or to check the course of the affection. Finding that all these resorts, so highly lauded in the treatment of neuralgia, had proved ineffectual, I resolved to try hypodermic injections of morphia, and called to my assistance Dr. J. B. Thompson, a worthy physician of this place, who performed the injection directly over the affected nerve, using as above stated, a solution of 1/6th gr. strength.

The fluid was deeply injected, and in less than three minutes the pain and congestion of the eye were entirely relieved. On the second day the pain returned at the usual hour; the injection was repeated, and the same speedy relief followed. The third day, the pain recurred, but was not so severe, and lasted about one hour. No injection was made. The fourth day, it came on between 9 and 10 A. M., and being very severe, the injection was employed with the same happy effect. From this date the pain ceased to recur.

The point of interest in this case is—to which should the speedy relief following the injection be attributed, the narcotic effect of the morphia upon the nervous system? or to compression of the nervous

filaments? Congestion and tumefaction followed over the brow at the spot where the injection was made, but the congestion of the conjunctiva was at the same time relieved. I am inclined to give the credit of the relief to compression of the terminal nervous filaments.

[M. Lafittee (*L' Union Med.*, Nos. 113 and 114, 1875,) attacked hypodermic medication, so far as the alkaloids are concerned, declaring that it is not the alkaloid, but simply the water, which has the effect of allaying pain. His theory is that the ultimate nerve-filaments are compressed by the water, and, being thus paralyzed, cannot convey the sensation of pain. He gives several cases of severe lumbago, obstinate neuralgia, etc., which were instantly relieved by the injection of about thirty drops of simple water. ED.]

## Art. 4—TYPHOID FEVER EPIDEMIC AT ARNETTSVILLE.

By DR. FLEMING HOWELL, Arnettsville, W. Va.

ARNETTSVILLE, a village of eight families, is situated west of the Monongahela River, on Big-Indian Creek, three miles from its mouth, at the point where the Morgantown and Fairmont Turnpike crosses and nearly midway between these two towns.

The country around is hilly but the soil very productive. There are no swamps nor stagnant waters, but springs are numerous and the general surface is so inclined that the streams have a good current; indeed the general topography of the country outside of the village argues strongly in favor of salubrity.

The village is located on the north side of the creek, on a low bottom of alluvial soil, the site of an old mill-dam. This bottom is perhaps two hundred and fifty yards long by from fifty to seventy-five yards wide and the surface of the lower half of it is lower back toward the hill than it is at the creek bank, so that during a heavy rain-fall the water collects and covers the surface, but upon the rain ceasing it soon disappears, partly through an inefficient ditch, partly through the porous soil, and partly by evaporation.

On either side of the creek and running parallel with it, in a general south-easterly and north-westerly direction, are two high ridges or ranges of hills over which, at right angles, the turnpike crosses,

so that we have an ascent of at least three-fourths of a mile in going either toward Morgantown or Fairmont.

From what I can gather typhoid fever first appeared in an unequivocal form in this part of the county in the Spring of 1850. At that time a young man coming from Ohio, stopped in the neighborhood, and in a few days took typhoid fever but recovered. Seven of the family where he lay sick were soon taken down and five of them died. From this family the disease spread among the other families which visited them, and thus on, from family to family as they were thus exposed, until in less than two years there aggregated nine families with thirty cases and thirteen deaths. In no case in this visitation did the disease seem to spring up spontaneously. Occasional cases have occurred almost every year since that time.

I came to this place the first of April 1874. During the preceeding fall and winter in the country around, in different neighborhoods, located in different directions, and varying from one and one-half to four miles from the village, there were five cases in four different families, four of which were fatal. In none of these cases as far as I can learn was there any exposure. During the same time in the upper part of the village there were three cases, Mr. A—— and his two sons. Mr. A. took fever about the middle of November after having been exposed to it in Wheeling about the last of August. During the month of January following the two sons had the disease. Toward the latter part of February, Mrs. A., wife of Wm. A., the proprietor of the Oak-Grove House, on the hill one-half mile above the village, had a light attack, and about a month later the widow A, living at the lower end of the village also had the disease lightly. Both these ladies had frequently visited and nursed in the family of Mr. A.

April 20th, a severe case, the second, occurred in the widow A's family, and about the same time in the months of May and June respectively, the third and fourth cases in this family occurred. Here with Dr. H. W. Brock, of Morgantown, in consultation, and in connection with Dr. L. S. Brock with whom I was associated—to both of whom for their assistance, council and other especial kindness throughout, I am under lasting obligations—commenced my experience in this disease in this place. A fatal case occurred in the village, Aug. 1st, which I saw in consultation, in which there had been no exposure for over three months. The second and third

cases occurred, Oct. 20th, at the Oak-Grove House. One of these was extremely severe and protracted. Jan. 1st and 5th, '75, respectively, the fourth and fifth cases occurred at that hotel.

The disease next broke out in the public school, just before its close, the last of February. The school house is situated about two-thirds of the way up the hill, about three hundred yards below and near the course of drainage from the hotel. I was called to nine cases distributed through eight different families, living in different parts of the district, in about the same number of days. Besides, during the same time there were three other cases in as many families, treated by other physicians, altogether twelve cases out of an attendance of about thirty six pupils. The school had, without the fact having been brought to my notice, been using water out of the well at the hotel. The malady was now confined principally to the school, not extending beyond those primarily attacked except in two of the eleven families. One of these families was in my practice. This, Mr. L. S's, consisting of himself, wife, and four children the two oldest of which were attending school. They lived in an out-of-the-way place a mile from where the disease had been, and as they were extremely afraid of it and cautious, had had no other chance of contracting it. About four weeks from the time of the first two cases, the wife and two youngest children were attacked, the husband only escaping and he had previously had the disease. In the other family, the fever did not extend beyond it.

There was now an interval of about four months in which there were no new cases, or until August 17th, when Mr. Wm. A., of Oak Grove, was attacked and suffered from a very low type of the disease. Just before this, his son, E. A., who had moved to Arnettsville a short time previously with his family, had kept house for his father while he, the father, was away with his wife on a visit. In about a week after his father's attack he also sickened, and in a little over a week again his wife and one of the children were taken down. In the case of this family, while they were at the hotel, they occupied a room in which some of those sick of fever four months previously had lain. Besides this, in the house in the village into which they moved, one of Mr. A. M. A's sons had lain with the disease over a year before, and upon his recovery the place was vacated, from which time it had remained closed.

Nearly simultaneously three other families in the village were vis-

ited. Two of these had been visiting and nursing where the disease was, and the other about two months previously had moved to the village into the house in which occurred, ten months previously, the fatal case above mentioned. This house had never been properly cleaned, though a part of it had been occupied during the winter by another family without the disease appearing.

A little later, a case occurred again in the family of the widow A., living at the lower end of the village, and fully two hundred yards from any other house. In this instance their fear of the disease and implicit belief in its contagiousness, had kept them entirely away from it until at last the suffering in the village for want of attention, induced one of the family, a young lady, one of the only two who the year before had escaped, to go and assist in nursing. In less than two weeks from the only night of her exposure she was attacked and died. A little later, another woman living one-half mile away was attacked, or about two weeks after having assisted in the village in dressing a body for burial.

The malady at its breaking out in the central part of the village assumed an extremely malignant character. Almost wholly within the month of September and mostly within a few days, ten persons out of thirty-five in the village who had not had fever, were attacked and four died. It now became alarming. Most of those who were yet well and had not been exposed left, so that there were not now enough of the well remaining to properly take care of the sick. The public avoided the village, and travel through it for some days was interrupted. Fortunately however, the worst was passing. The people had become pretty thoroughly aroused to the importance of sanitary precautions. In the extremity, they heeded the suggestions that they should have listened to more timely. Disinfection was more generally and efficiently practiced, and the few persons remaining who had not had the fever, avoided all opportunities of contagion. Partly by these means, and, perhaps, partly for want of more susceptible material, was the terrible visitation arrested. In its last outburst and decline, however, the observation that,

> "Evils that take leave,
> In their departure most of all show evil,"

was strikingly exemplified. The epidemic in its violence seemed truly to have expended itself. No new cases occurred, and by the

middle of November the disorder had entirely disappeared from the vicinity.

In connection with this malignant outbreak I will mention that for three or four weeks before its occurrence there had been frequently noticed in the vicinity of the lower part of the village a very disagreeable and penetrating odor. I several times searched for the cause, but failed to find it. It was variously referred to the low stage of water in the creek, to the alluvial soil, and to numerous other causes. When the epidemic appeared so malignantly, I became in earnest in this search. Exploring every nook and corner, I finally traced the trouble to a garden in the vicinity. This garden is situated in the lowest part of the bottom just back of a row of houses crossing it. In this had been planted a patch of "corn and beans" which had grown very luxuriantly and so completely covered the low ground that it never dried out, and favored a heavy vegetable mold, capable of retaining moisture for a long time and which finally, I believe, generated this sickening odor.

As regards the privy vaults: in the upper part of the village there was one situated over a drain communicating with the creek and, in the lower part, one which discharged directly into the creek. A third was in bad condition, being filled up for some distance above the surface of the ground and freely exposed to the air. Besides these there were three pig-styes in exposed positions along the creek bank, and all discharging into the stream. It is but justice, however, to remark just here that these nuisances, with the exception of the trouble in the garden, had existed unabated and perhaps but very little aggravated for years.

My object thus far has been to give a concise but connected and natural history of the course of this epidemic. And conscious that a simple statement of facts only, without being given in support of any cherished theories, would be profitable, I have attempted to express no opinion and to draw no conclusions.

In noticing farther some points in connection, and in giving the results of my observations, I promise to be as brief as the nature of the subject will admit.

There were altogether during a period extending from the fall of 1873 to the fall of 1875, fifty-five cases and twelve deaths.

In our own practice extending from May 1874, to November 1875, there were thirty-four cases.

Twenty-two of these cases occurred prior to the four months' interval, during the spring and summer of 1875, in which there were no cases, and twelve cases subsequent to this time or during the fall of 1875. My records of this first group were not so carefully kept as those of the last.

These first cases were not characterized by anything in particular out of the ordinary course of typhoid fever. They were uniformly of a sthenic type and severe in their character rather than malignant. Two cases were complicated with pneumonia, one case relapsed, and in one case only did hemorrhage from the bowels occur. The pulse in two cases reached 140 per minute. The respirations were uniformly considerably accelerated. The evening temperature ranged from 103° to 104.5°. In only two cases did it reach 105°, and this was at one observation only. All of these cases ultimately recovered.

It was different, however, with the last visitation. Five out of the twelve cases were fatal. In these cases the outset was generally characterized by a violent sthenic type which in the malignant rapidly gave way to a low typhoid condition, manifesting a strong tendency to coma. This low typhoid condition was characterized at its introduction by a pulse ranging from 132 to 160 per minute, a temperature of from 105° to 105.5°, with decided tendency to hemorrhage from the bowels, and extreme nervous excitement. In two of the fatal cases nervous excitement was so marked that the least motion or sound in the room would so startle the patients that they would almost spring from their beds, and even a touch of the wrist to feel the pulse, had to be made very cautiously to avoid surprise.

Of the five fatal cases, the first seemed to be completely overwhelmed by the force of the poison. The nervous excitement, at first particularly prominent, soon gave way to a condition of depression. The patient became bewildered, with surface purplish, cold and clammy, the pulse frequent and feeble, and death ensued in a few hours.

The second case was complicated with hysteria which manifested itself in genuine hysterical convulsions during the stage of invasion of the fever, and seemed for a few days to supplant this disease. Finally, the hysteria gave way to the regular course of the fever and did not again manifest itself until two or three days after the patient had been declared convalescent. At this time the hysterical convul-

sions again sat in, the patient relapsed with an aggravated form of fever which soon manifested the low typhoid tendency, excessive hemorrhage from the bowels occurred and the patient died after six days, from a condition of coma and asthenia combined.

The third case, characterized from the first by severity, with frequent pulse, high temperature and extreme nervous excitement, about the ninth day assumed a greatly aggravated character. Hemorrhage into the bowels without being voided occurred to such an extent as to produce dullness over the whole abdomen, and render the patient almost pulseless for several hours. Under stimulating and supporting measures, however, she partially rallied, but only partially. Secretion and excretion seemed to be suspended. After thirty-six hours, only a few spoonfuls of dark-colored urine were found. Symptoms of uremia, despite our efforts to forestall that condition soon sat in; the nervous symptoms augmenting, soon culminated in convulsions in the thirteenth of which she died, having had twelve seizures in the three hours next preceding her death.

The fourth case was much the same as the third except that the nervous phenomena were not so marked, but instead the bronchitis was severe, and there was extensive pulmonary hypostasis. Death took place about the eighth day after the disease passed into the malignant form, from coma and apnœa.

The fifth case passed through a severe course to convalescence, but from some cause relapsed and had a second severe attack which partook strongly of the malignant character. Through this however she again passed apparently to convalescence but failed to rally. The symptoms vacillated for a few days, exciting alternate hopes and fears. Finally nature yielded. The temperature rapidly sank to 95.5°, and the pulse from 135 to 90 per minute. A condition of marasmus was established. The restoration of the function of healthy assimilation seemed to be precluded, perhaps by the deleterious blood and tissue changes incident to the long continuance under the influence of the disease, and in sixteen days from this time she died purely of inanition.

At the same time the disease assumed such malignant character in the central part of the village, a strong tendency to relapse was manifested among the cases around. In fact, there were six regular relapses among the twelve cases. One case relapsed twice and passed safely through three distinct and well marked invasions. One case

was complicated with pneumonia, and in four cases hemorrhage from the bowels occurred.

The average age in all the cases was a fraction over 18 years. 68.7–per cent of the first twenty-two cases, was between the ages of five and twenty years, and 37.8–per cent between twenty and thirty-five years. Of the last twelve cases, 41.6–per cent was between the ages of ten and twenty, and 58.3–per cent between the latter age and fifty.

In the twenty-nine cases ending in recovery the average duration, from the accession of the fever to the period of convalescence, was sixteen days. The shortest duration was seven days, and the longest twenty-nine.

Average range of temperature during course of the fever, 102.2°; average range at highest of fever, 104.1°; highest temperature attained 105°.

As to the circulation, respirations, and temperature, in the twelve last cases, the records were carefully kept as above given. In the seven cases ending in recovery the average frequency of the pulse was 93 per minute, greatest frequency 127. Respirations, in the cases uncomplicated with pneumonia, average frequency 22 per minute, greatest frequency 28.

In the five fatal cases the average frequency of the pulse was 118 per minute, greatest frequency 160. Respirations, average frequency 25 per minute, greatest frequency 40.

In these five cases, the duration, counting from the same time or from the date of the relapse from which the patient died, was respectively nine, seventeen, thirteen, nineteen, and twenty-nine days.

Average range of temperature during course of the fever, 103.8°; average range at height of fever, 104.9°; highest temperature attained 105.5°.

Throughout our experience we found the range of temperature a reliable index to the gravity of the disease. In only three of the cases ending in recovery did this reach, at a single observation, 105°. These cases barely escaped a fatal termination, and convalescence was exceedingly slow; while in the uncomplicated fatal cases it uniformly reached 105.5°, and persistingly maintained a high range for some time. As regards the two cases that died from a relapse, in one the temperature reached 105°; in the other 104.5°; and in both it maintained a high range during both invasions, thus corroborating

the principle that a very high temperature for a short time is not more deleterious than a lower temperature for a longer time.

In the study of typhoid fever, the questions of causation and contagiousness or non-contagiousness, are just now receiving most attention, and not unjustly, as the adoption or neglect of prophylactic measures and the general management of the disease must necessarily very much depend upon the views entertained upon these questions. The position that it never originates spontaneously seems to be irreconcilable with some of the facts in connection with this epidemic. Previous to the fall of 1873 the country around had been free from fever for some time, when nearly conicidently it appeared in four widely separated localities as described in the history in the previous part of this report. Now, that it owed its origin to "continuous succession", and that these persons, widely separated, and particularly as they had had very little or no intercourse with each other, that they, and that none but they, should thus be the recipients of the continuous specific poison, is less in accordance with probabilities than that it had an origin *de novo*, either within or without the body.

Flint, in his Practice of Medicine, in speaking of this subject says: "With respect to the contagiousness of the disease, there is not unanimity of opinion. That it may be communicated under certain circumstances is certain and that it frequently or generally originates spontaneously, that is, irrespective of contagion or infection is perhaps equally certain. Assuming these statements to be correct, this is one of the diseases, the special cause of which may be generated without the body and reproduced within the body."

The theory of contagiousness or infectiousness certainly received strong support in this epidemic in several instances, notably in the instance of the public school. Here the *materies morbi* might have been readily conveyed in the drinking water in large doses. Without a general cause this scourge would have been a remarkable coincidence. If there was a general cause, contagion or infection must have been that cause, and admitting this to be so it would be going beyond the pale of reasonable probabilities to assume that the school was infected by a cause arising *de novo*, when a sufficient cause was already existing. Not less notable than this was the case of the widow A's, daughter, who nursed one night in a house where the malady, in a most virulent form, had been raging for some weeks,

and where for want of sufficient assistance it had been impossible to keep the rooms and beds in good condition; and the case of the woman living one half mile away, who by the nature of her kind offices, performed in a house also badly infected, was exposed to the most favorable conditions for contagion or infection. There were other instances mentioned in the history of this epidemic scarcely less striking, but their notice then was sufficient and does not require to be reproduced and elaborated here.

But why were not all infected who were exposed? This has been explained in general by differences of susceptibility in different persons and will in general apply to this special case. But instances here were almost sufficiently mumerous to amount to a rule that those who had not had fever, who were most exposed, were most likely to become infected, some striking examples to the contrary. In my own case particularly, without ever having had fever, in almost every degree of health, exhausted from want of sleep and almost incessant labor, under circumstances the most favorable for contagion and infection, I passed safely.

With regard to the sanitary condition of the village, it was undoubtedly not the primary cause of the disease, as it appeared first in the country around, some distance from the village, in localities where there seemed to be no local conditions particularly favorable for its production. Farther, when it made its appearance in the village it was at points most remote from the apparent local causes. One thing, however, I think is entirely probable, or even certain, that is, that the epidemic at the time it was raging so violently in the village owed its extreme virulence to the unfavorable hygienic conditions.

Farther, and finally, if typhoid fever is contagious or infectious, how was it, under such favorable circumstances as existed, for instance, after the disease was scattered from the school, that it did not extend more generally among the families whose children suffered? It may be answered that throughout, every precaution against its propagation was taken. The sick were isolated as much as possible and the people warned of their danger. In the rooms, ventilation, and great cleanliness were particularly enjoined. The bed and body linens were changed, the former every other and the latter every day; all discharges were at once removed and buried where they would never be resurrected, and all rags, paper, etc., used about the

patient were burned. When attention and cleanliness failed to keep the rooms and beds sweet and clean, disinfection by means of carbolic acid was employed, and when necessary other disinfectants were freely used about the rooms and around the houses.

# SELECTIONS.

## Diphtheria Successfully Treated.

BY E. CHENERY, M. D., BOSTON.

EVERYTHING looking towards a successful management of this so frequently fatal disease ought to be made known. This is my apology for this article, which is based on one hundred and fifty-eight cases under my care. Most of them were treated in Maine from 1862 to 1866, and the remainder in and about Boston since that time.

I will not waste space on theories, but simply say: (1) The disease is both epidemic and contagious, and so far as the latter manner of spreading is concerned, isolation should be practiced whenever possible. (2) The disease is to be regarded not as a simply local affection, but a constitutional state, having its local expression in the throat, just as typhoid fever is a general disease having its local expression in the glandular structures of the small intestines, or scarlet fever upon the skin and mucous membrane. Hence the rational indications are to deal with diphtheria as a constitutional affection rather than as a local one. And (3) Granting, what is generally admitted, that this constitutional state depends upon some blood-poison, developed through zymotic change, the treatment, to be rational, must look to a suppression of this fermentation. The all-important question then is, Have we any means that will do it? And the object of this paper is to show that we have. I have had diphtheria myself, and so has my family, and I have treated quite a number of cases by the free use, in milk, of a tincture I have named the compound tincture of myrrh (made by digesting an ounce each of capsicum, powdered myrrh, and powdered guaiacum in a pint of alcohol), employing at the same time quinine and the tincture of iron freely, and fomenting the neck with bags of baked potatoes; but I at length came upon a case which forbade hopes from such a treat-

ment alone. This patient was an only child, a girl of six, weakly, thin, pale, scrofulous, with tonsils well-nigh meeting across the throat. Patches had formed over these, and the child was delirious.

Professor Polli, of Italy, had broached the subject of the anti zymotic powers of sulphurous acid diffused in the system. I was pleased with his statements, and felt that my time had come to make a departure in my case. I sought for the *bisulphite* of soda and, failing to get it, procured the *hyposulphite*, mixed it with syrup, and gave it to my patient in frequent doses, continuing as best I could my other remedies. Now, whatever be the value of the theory as to the action of such an agent, what interested me the most was the fact that I saved my patient.

My next patient was a little girl, daughter of a sea-captain, whose mother had come with her to visit her friends at the old homestead. At this place resided a brother of the mother, who, two years before, lost all four of his children with diphtheria, and of course they were much alarmed about this case. Believing that the hyposulphite of soda did my other patient good, and that theoretically it was adapted to meet a necessity in this class of cases, I resolved to try it again, mixing my quinine with it to save dosing. The next day my patient was better, and soon recovered.

Two girls, the only children, were taken at the same time in an adjoining house. They were treated with the hyposulphite and the tincture in the same way, their throats being steamed with the potatoes. They also made prompt recoveries.

I saw in these cases what I had not seen before I began the use of the hyposulphite, a prompt suppression of the further spread of the exudation, while the patients began almost at once to improve in feeling and general appearance, and there were none of the sequelæ so common after this disease.

In a neighborhood two miles in another direction, there were about twenty cases coming under my care, and all got well under the hyposulphite treatment.

Though diphtheria had proved terribly fatal under other modes of management, I gradually lost my dread of it, and went from house to house treating it and seeing all my cases get well whenever they came into my hands reasonably early and my treatment was fully carried out. In two or three cases, I am sorry to say, this was not done. But in every instance of failure the fault was not due to the

remedies any more than a physician is responsible for the life of the patient who has not taken the remedies he has prescribed, or is in a dying state when he is called.

One case, however, of black diphtheria, or diphtheria in which the patches were of a dark color and the general look of the patient was very dusky and stupid, came under observation, and was partially treated by me. No means employed seemed to have any more effect upon the child than the surgeon's knife upon one etherized, so stolid and dead was the little patient from the very onset of the disease. This child's breath was exceedingly offensive before any patches made their appearance. I am inclined to regard this case as a singularly malignant case, over which no human skill could well be expected to have any control. And it has been the only one I have happened to see which gave evidence on the face of it that medical means would prove unavailing.

To show that it has not been my fortune to have to do with mild cases only, I will record a few instances which to my mind confirm the power which the hoposulphite of soda has over this destructive disease.

In a town twenty miles away, and past at least a dozen physicians, the disease made its appearance, and I was informed that nearly every person who took it died. A clergyman residing there, in whose family I had practiced, made mention of me to one of his parishioners at whose house the disease had appeared, and I accordingly received a summons. The patient was a small girl with strong and thoroughly characteristic symptoms. My usual hyposulphite treatment was resorted to, and she at once began to improve. Her mother was then taken, and afterwards the clergyman's little boy and his wife. They all also recovered.

The next neighbor to the first, on the other side, had ten children and was in good circumstances. Two of the children were absent from home and one other was sent away on the outbreak of the disease, leaving seven at home. Being homœopathic in their notions, their physician was of course sent for. All of the seven took the disease and all died.

The disease broke out in a remote part of the town and one young woman had been sick ten days, and was said to be the only one in that neighborhood to take the disease who had not died. I found her throat covered with thin patches. She was pale and very pros-

trate, and her friends were cautioned not to attempt to raise her up, lest the heart cease to beat. They disregarded the admonition, and she fainted and was two hours in being restored. Five years afterwards she had not fully recovered from the sickness. The poison had had an opportunity to do its work before proper treatment was applied, hence the extreme and persistent prostration. From such a state of things I fully believe my treatment would have saved her, had it been employed in time. My call, however, was to two of her sisters who were taken with the disease, having violent symptoms. For them the hyposulphite treatment was resorted to in season and the good effects promptly secured, so that they recovered without delay.

In still another neighborhood in the same town was a family of eleven, all of whom had diphtheria except the father. Three of the number had died before I was called. The fourth case was put on the use of the hyposulphite, and got well. The fifth and sixth cases were not treated by me, and died. The seventh was the mother, who was treated with hyposulphite. Her case was not bad. The eighth case was that of an emaciated married daughter of about eighteen, lately confined and so prostrate that it was with difficulty she could cross the room. Her child had died, and I was fearful that we could not save her if she contracted diphtheria. She did so, however, and was promptly put on the treatment by the hyposulphite and other measures, and came out, only rallying more slowly than others who had more strength when they were taken. Her husband then followed with the disease in a most thorough way, but the symptoms readily yielded to the hyposulphite.

There was a boy of sixteen away on the water, fishing, but soon expected home. I charged his parents as they valued his life not to let him come near the house, but on my last visit to the brother-in-law I found him sitting in the room, and when I told him I was sorry to see him there he replied, "I'm not afraid of diphtheria." A week from that time he was taken down. The neighboring physician was called in, and, not being able to check the disease, the exudation spread to the trachea and he died. Thus out of these ten cases six died and four only recovered. All those treated by me recovered, and all those I did not treat died.

As soon as the son-in-law was able to go to his home two miles away he did so, taking his wife with him. Soon after, his two

younger brothers took the disease at the same time, apparently having it brought to them by him. They were both thoroughly typical cases, yet yielded promptly to the same treatment that had saved the others. I might continue to multiply similar cases, but have given enough. The uniformity of the success is what tells.

A physician in a town near Boston recently lost three cases and had another taken with worse symptoms than any of them. He lost confidence in his remedies and resolved to try mine, saying that the child could but die if he did. He saved his case and declared to me he "never saw anything like it."

The dose of the hyposulphite is from five to fifteen grains or more in syrup every two to four hours according to age and circumstances. It can do no harm, but if too much is given it will physic. As much as the patient can bear without physicking is a good rule in the severer cases. The tincture can be used in doses of five drops to a half-drachm in milk. The amount for thorough stimulation is greater than can be taken in water. I usually give it in such doses as can be easily taken in milk, using the milk as food for small children. One fact, however, needs to be borne in mind, namely, the hyposulphite prevents the digestion of milk and should not be given in less than an hour from it. They may be used alternately, however, without interference, in sufficiently frequent doses.

Judging in this disease as I judge in others, I am fully persuaded that the treatment I have so long used and which has not failed me yet will save nearly every case of diphtheria if seasonably and vigorously employed, and there is no reason why it should not do as well in the hands of others as in my own.

In none of my cases have I used any alcohol.—*Boston Med. & Surgical Journal.*

## CORRESPONDENCE.

### Another Letter from New York.

June 10th, 1876.

**To the Editor of The Medical Student:**

STEVENS is partially right, but does not go far enough, or deep enough. New York had long enjoyed the utmost peace among its medical men, and in medical matters, except in the chronic attacks of a high-bred scientific band, aided by the RECORD, upon the Academy

of Medicine, or rather upon a few of its officers. The cause of offence was the activity of a few good business men, devoted to the interests of the Academy, and, perhaps, to their own advancement, who were bent upon accumulating a fund sufficient to buy or build a Hall suitable for the Academy, and large enough to accommodate all the Medical Societies and Libraries at a moderate rent.

These men gave liberally and worked hard in getting subscriptions and donations; but some of them were not as highly learned and scientific as Drs. A. Clark, E. R. Peaslee, A. Flint, S. S. Purple, J. C. Dalton, F. Barker, I. E. Taylor, and some officers of other societies. Yet they aspired to the Vice-Presidencies and even the Presidency of the Academy of Medicine, which claims to be, and should be the highest scientific medical body in New York, all of the prominent officers of which should have an American and European reputation in medical and surgical matters. The brighest, best and most learned and scientific young men of the city declined to be led by men who were not their peers or superiors in medicine and science, and got up a strong feeling against the most active workers for the material, and even scientific welfare and honor of the Academy of Medicine.

These brilliant young men ignored the fact that in a great institution requiring large sums of money for its support, highly respectable and honored physicians who possess great tact and acumen in monetary and medical matters are absolutely essential, and are entitled to some offices even in the most highly scientific bodies.

The young men were men more of science than of money; they were willing to give their science to a scientific body, but they had little money, and were not willing to beg for any. But great institutions cannot get on without money and money-getters, and sound practical business men are entitled to rewards in offices, which they can fill with considerable credit and great respectability, even if they are not the acknowledged highest leaders in medical and scientific matters.

These brilliant young men overlooked all the arduous and generous services of the business men simply because they were not as nicely trained in the higher departments of medicine and science, as they and their colleagues were. The business men could have raised a furor in their own favor if they had modestly declined all offices except those of Trustees, Councillors, etc., and let the Presidency, Vice-Presidencies, etc., etc., to be filled by the most learned and scientific men of the profession, including a fair representation of the brilliant young men of from 30 to 45 years of age, of which New York is so justly proud. But human nature is not always equal to the highest sacrifices; and some, both young and old, fell short of the scientific and monetary requirements of the Academy of Medicine.

Every reasonable and unreasonable fault was found by enthusiastic

and factious spirits on both sides, and the calmer souls could not always repress party spirit and its attendant slander and injustice.

The oculists, as a matter of course, were sharper sighted than the rest of the profession, and got up a dispute against one of their foremost scientists. The most religious and honorable and scientific oculists found the first fault and threw the first stones, and did not act like lambs, although Agnews were among them. In some measure, the fight became a national one, as a scientific foreigner was supposed to be the offender. In this great centennial time, Boston and the representatives of the Eastern States, took the lead in aggressive measures, and a ring: a peculiar L. O. Ring, was formed. But rings are hard to please, and the L. O. Ring made a split against the religious lambs, and New York rang with the rumors of the triangular disputes and dissensions among the oculists, to the disgust and annoyance of all peaceable men.

Some of the disputants were members of the Academy of Medicine, but not prominent ones, but that was enough to raise a new cry against the Academy. The L. O. Ring faction was particularly unjust, prejudiced and violent.

Then, as Stevens says, the Presbyterian Hospital affair came off; and some of the minor officers of the Academy were unconsciously involved in it; and the L. O. Ring became still more Cutting and unreasonable against every member and officer, however humble, and every wish and desire of the Academy, however wise, prudent, thoughtful or generous it might be, as well as against the petty mistakes which every large body must, now and then, make.

The whole Presbyterian faction became the prey and cat's-paw of the L. O. Ring. Many of the best men unconsciously became the partisans of the Adullamites. Just as when David took refuge in the cave of Adullam, all those who were in debt or had a quarrel or bitter spirit, gathered to him in the train of his own family and friends, and became active and leading spirits, destined to spoil a good cause, so did the Adullamites and L. O. Ring faction take the lead in all New York medical society matters. At the first election of the Medical Society of the County of New York, they came as a band of brothers, and voted out all the old-fashioned officials with relentless sweep, and put their own candidates in. There was no earthly objection, on the surface to this, for the Adullamites were wise enough to put up none but the most brilliant, honorable, and scientific young men as candidates,—men whom we all honor and respect; men who are a credit and glory to any profession, and in whom New York delights. But the Adullamites held secret control.

But previous to this, almost a year before and soon after the first ocular demonstration was made, the principal Adullamites had combined with the L. O. Ring and ran a mixed ticket in the Library and Journal Association election; one-half of the ticket was made up, without their

assent, or previous information, of most honorable men, like E. R. Peaslee, and the other half consisted of L. O. Ringites. This ticket was necessarily successful, for it was supported by many of the best Journal Association men, who only looked at the good names, and had little or no knowledge, and certainly no prejudice against the wire-pullers who were completely out of sight. But they were soon destined to learn the old proverb— "There is Blue, and better Blue; and
There are cuts and Cutters too."

Immediately the most improbable, unjust, and most untrue rumors were set afloat that the Journal Association meant to sell out to the Academy, merely because it wished to move from a very dirty street and very small and dirty and noisy rooms, to the cleaner and quieter street, and elegant rooms of the Academy of Medicine, at a rent rather less than was paid in their old, dirty, slovenly quarters, with a grog-shop near by, swill and ash barrels all around, a colony of fancy women and soiled doves next door; some of the same kind overhead, with a common entrance, or rather staircase. In short, because it wished to move from a kind of a tenement house, the occupants of which had repeatedly let their wash-basins, bath-tubs, and water-closets overflow down upon the library and meeting room of the Journal Association, and all the surroundings of which were unfit for gentlemen and scholars, but peculiarly adapted for a certain class of good fellows.

The fact that the officers of the Journal Association had just determined to take out a Charter, in order to prevent all amalgamation with the Academy of Medicine, was adroitly used to advance the sinister plans which were on foot. It is customary at the adoption of a charter for all the old officers to resign, and it is customary to reinstate them for the remainder of their term of office. But the Adullamites and L. O. Ringites greedily accepted the resignation of all the good men whose names they had used at the previous election, and at once elected a new and, it is to be hoped, not more pliant batch of honorable, cultivated and scientific men; but upon whom the L. O. Ring has its grapples.

The indignation excited by these rude and high-banded measures easily led to the defeat of the Ring in its intention to squeeze out all the old Trustees. ADAMS.

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——WORTHY OF THEIR HONORS.—Dr. Henry I. Bowditch, of Massachusetts, President of the American Medical Association; Dr. H. C. Wood, of Philadelphia, editor of the PHILA. MED. TIMES, President of the Association of Medical Editors; Dr. Edwin M. Snow, of Providence President of the Rhode Island Medical Society.

# THE MEDICAL STUDENT.

**James E. Reeves, M. D., Editor and Proprietor.**

JULY, 1876.


## ANNUAL MEETING OF THE STATE MEDICAL SOCIETY.

THE eighth annual session of The Medical Society of the State of West Virginia was held during Wednesday and Thursday, May 31 and June 1, in Weisel Hall in this city. The attendance was fully as large as was expected, and the meeting closed its two days' work with a degree of good feeling that cannot fail to be pleasantly remembered. Owing to the absence of Dr. Andrew R. Barbee, the President, Dr. James O. Wall, First Vice-President, occupied the chair throughout the session.

In his annual address Dr. Wall chose the subject of the Progress of Medicine and Surgery in the United States, comparing American advancement with that of other counties, and made quite a creditable performance. He had evidently read closely the recent papers of Prof. Gross, in the *American Journal of the Medical Sciences*, on "A CENTURY OF AMERICAN MEDICINE, 1776–1876."

There were but five papers read before the Society,—Dr. I. T. Nickline, of Middlebourne, Tyler Co., "An Attempt at Suicide;" Dr. D. Baguley, of Wheeling, three cases, "Concealed Inguinal Hernia," "Death from Gunshot-Wound after ball remaining in the Brain over a year," and "Enlarged Liver;" Dr. R. P. Davis, of Parkersburg, on "Trephining;" Dr. John Frissell, of Wheeling, on "Cases of Cancerous Disease," an interesting continuation of his paper read at the previous meeting; and Dr. E. A. Hildreth, of Wheeling, "A Contribution to the History of Medicine, and Biographical Sketches of Deceased Physicians in Wheeling for the last 100 years." Dr. Hildreth's paper was announced during the first day's proceedings, and to make it duly prominent the hour of 11

o'clock, the next day, was set apart for its reading. It is, indeed, a remarkable paper in several respects—remarkable in its minute and even tedious detail of *some things;* utter obliviousness of important facts allied to his subject and the labors of other men, especially of one of the Dead whose far better effort in the same biographical field, he strangely passed by and made not the slightest acknowledgement. We may have occasion to refer to this subject again, should the paper be pressed for publication in the next Volume of Transactions after having been so promptly printed in the morning Newspaper for the benefit of society at large.

The next Volume of Transactions, if the papers in the hands of the committee of publication are judiciously pruned, need not exceed 35 or 40 pages; and we have confidence that the committee will do their duty, since three (the number annually appointed) of the most scholarly physicians in Wheeling received the appointment. Fortunately for them, as well as for the good name of the Society, there was inflicted at the last meeting no *Mirabile dictu* or Antediluvian case, reported in "93" style, in which there was a three days' effort at reaction, and then the administration of "20 grains of calomel to prevent excessive reaction."

The appointment of Dr. Bates on the committee of publication, after his very plain talk concerning the value of the volumes already published and the necessity of reform in the selection of papers, showed plainly enough the temper of the Society in relation to the subject.

In the bestowal of the offices for the current year, the panhandle counties were singularly lucky, having not only been honored with the Presidency, but also the First and Second Vice Presidencies, with a fossil permanent fixture thrown in. It is but just, however, to state that we believe this concentration hereabouts of the chief officers of the Society was made without thought of local favor.

——West Va. Surgery.—We have learned that, on the 6th ult.,

Dr. H. W. Brock, of Morgantown, assisted by Drs. Dent and Vankirk and other gentlemen present on the occasion, performed the operation of Lithotomy upon the person of Dr. C. C. Jacobs, of Newburg, extracting a stone the size of a hen's egg. Dr. Jacobs is an educated worthy young physician, and we are glad to hear he is making a rapid convalescence.

——Omitted for want of space.—We regret that we have not the space in this issue for the publication of the proceedings of the medical meetings held in Philadelphia last month,—the twenty-seventh annual meeting of the American Medical Association; the eighth annual meeting of the Association of American Medical Editors; and the meeting of the Association of the Representatives of American Medical Colleges.

——The latest.—We have received the initial No. of the *Ohio Medical and Surgical Journal*, and think the editor, Prof. J. H. Pooley, has started off admirably. It is to be published on the first day of every alternate month, with 96 pages each issue. The new Journal has been promptly added to our exchange list with a hearty good wish for its success.

——Public Health Magazine.—This valuable Monthly, edited by Dr. Geo. A. Baynes, Montreal, completed its 1st Volume with the June No. The accomplished editor promises for the next volume improvements which will amply repay continued patronage. His invaluable paper, in the last issue, on The Moral and Intellectual Training of Children, is itself worth many times the price of the year's subscription.

——St. Louis Clinical Record.—We regret indeed to announce to our readers the retirement of Dr. W. A Hardway from the editorial management of the *Record*. Persistent ill health and the pressure of other engagements, have compelled him to relinquish, regretfully, a charge that he took upon himself two years ago. Dr. Wm. B. Hazard, an accomplished and cultured medical writer and scholar, is the editorial successor.

——Another.—With the close of Volume X, June 24th, Professor Jas. T. Whittaker resigned the editorship of *The Clinic*. It was indeed something of a venture five years ago to start a medical paper

in the West which should appear with regularity on a given day every week; but he started out determined to make the enterprise a success, and well did he succeed. The new editors are Drs. Longworth and Jas. G. Hyndman. With these excellent and able gentlemen in the sanctum, the *Clinic* will continue its weekly round of usefulness.

——A Valuable Paper on Stone in the Bladder was contributed by Prof. J. W. S. Gouley to the State Medical Society of New York, at its meeting in Albany, Wednesday, June 21st.

——Mountain Retreat.—The attention of our readers is specially invited to the advertisement—"Health in the Mountains"—on the 4th page of the cover. All that is there said in favor of the splendid accommodations provided by the B. & O. R. R. Company at Deer Park and Oakland, may be charmingly realized by visitors at either of the Hotels. We know many persons who for years have been in the habit of retiring to Oakland, Deer Park, and the country round about, during the summer months for the purpose of escaping their old enemy, Hay-Fever. Many weakly children are sent thither from this city every summer, and at the end of the season are brought back, improved in health.

——Display of Surgical Instruments, and Fine Pharmaceutical Preparations.—At the recent session of the State Medical Society, in this city, Messrs. Logan, List & Co. had on exhibition, in Weisel Hall, a splendid assortment of John Reynders & Co's Surgical Instruments which attracted much attention. They also made an exhibit of some of Wm. R. Warner & Co's nicest pharmaceutical preparations, and presented specimens of these to the members of the Society. To this Philadelphia House—Wm. R. Warner & Co.,—was awarded the Prize Medal at the Chilian World's Fair for the superiority and perfection of their Soluble Sugar-coated Pills.

——Lactopeptine.—For several months we have been sending out to our readers an eight page circular, from Messrs. Reed & Carnrick, Manufacturing Pharmacists, New York city, announcing the virtues of this preparation which, in this part of the country at least, seems to be growing in professional favor. We have been informed by one of the largest wholesale Drug and Prescription Houses in this city, that the Lactopeptine has given great satisfaction in the hands of

physicians, and hence the active and steadily increasing demand for it in the compounding of prescriptions.

☞ In Editorial leader read in second paragraph, 3d line, countries for "counties."

## Eighth Annual Meeting of the State Medical Society.

The Medical Society of the State of West Virginia met in annual session in Weisel Hall, Wednesday, May 31, at 2½ o'clock P. M.

In the absence of Dr. Barbee, President of the Society, Dr. James O. Wall, of Huntington, First Vice-President, occupied the chair.

The session was opened with prayer by Rev. J. G. Armstrong, of St. Mathew's Episcopal Church, after which addresses of welcome were delivered by Dr. E. A. Hildreth, chairman of the Committee of Arrangements, Governor John J. Jacob, and Hon. A. J. Sweeney, Mayor of the city.

After roll-call, Reports from Standing Committees were called for, but there was no response other than apologies for not being ready.

### SECOND DAY'S PROCEEDINGS.

The Society reassembled Thursday morning, at 9 o'clock, and the session was opened with prayer by Rev. J. McKendree Reiley, of Fourth Street M. E. Church.

Volunteer papers were next in order. Dr. I. T. Nickline read a brief paper entitled "An attempt at Suicide." Dr. D. Baguley reported three cases; 1 "Concealed Inguinal Hernia;" 2 "Death from Gun-shot Wound, the ball remaining in the Brain over a year;" 3 "Enlarged Liver."

The Secretary read a paper from Dr. R. P. Davis, on "Trephining."

"A Contribution to the History of Medicine, and Biographical Sketches of Deceased Physicians in Wheeling for the last 100 years," was the caption of a paper by Dr. E. A. Hildreth. Dr. John Frissell contributed "Cases of Cancerous Disease."

Dr. J. M. Lazzell, inquired after a paper ("Stimulants in Acute Diseases") read by him at a previous meeting of the Society, which had been ordered to be printed, but had not appeared in the Transactions.

The Board of Censors, recommended the following names for membership: H. M. Gamble, F. E. Galligan, Ashford Brown, C. F. Ulrich, A. C. Conley, T. O. Edwards, A. Gerstell, R. W. Hall, E. B. Connoway, C. Shriver, J. W. Boyd. These gentlemen were promptly elected. The Board also reported in favor of Dr. Cameron, but at his request no vote was taken on his admission.

Dr. Bates, on the part of the Board of Censors, stated that they were unable to make a full report, and asked that the matter of difficulty among the Fairmont brethren, which had been referred to the Board, be permitted to lie over until next year, which motion was agreed to.

ELECTION OF OFFICERS.

*President*—Dr. E. A. Hildreth, of Wheeling.

*First Vice-President*—Dr. Wm. Hukill, of Brook County.

*Second Vice-President*—Dr. C. Shriver, of Bethany.

*Third Vice-President*—Dr. Morgan, of Harrison County.

*Secretary*—Dr. Wm. M. Dent, of Newburg.

*Treasurer*—Dr. John Cox Hupp, of Wheeling.

BOARD OF CENSORS—Drs. S. B. Stidger, M. S. Hall, J. W. Ramsay, H. W. Brock, James H. Brownfield, and M. Campbell.

COMMITTEE ON PUBLICATION—Dr. M. F. Hullihen, Wm. J. Bates, and R. W. Hazlett.

After the usual Resolutions of thanks the Society adjourned to meet at Clarksburg in June next.

## PUBLICATIONS RECEIVED.

1. The Seventh Annual Report of the State Board of Health of Massachusetts, January 1876.

2. Transactions of the State Medical Society of Arkansas, 1876.

3. A Brief Report of Cases of Sympathetic Ophthalmia and Sympathetic Irritation. By A. M. Rosebrugh, M. D., Surgeon to the Toronto Eye Infirmary.

From same Author, On some Practical Points in the Treatment of

those forms of Eye Disease of most frequent occurrence in general practice.
From Same Author, Treatment of Acute Iritis in Adults.

4. Some Forms of Dyspepsia. By Francis Delafield, M. D., being No. 4 of Dr. E. C. Seguin's Series, Vol. 2, of American Clinical Lectures.

5. Urethroplastic Operations to remedy Hypospadias, Epispadias, and also Incurvation of the Penis. By J. W. S. Gouley, M. D., Surgeon to Bellevue Hospital.

6. Thirteenth Annual Report of the New York Society for the Relief of the Ruptured and Crippled. May, 1876.

7. Report on Dermatology. By L. P. Yandell, M. D.

8. Action of the Michigan State Medical Society regarding Homœopathy in the Michigan University.

9. Resources of West Virginia. By F. Maury and Wm. M. Fontaine, A. M., State Board Centennial Document, pp 430, Wheeling, 1876.

10. Report on the Outbreak of Intestinal Disorder, Attributable to the contamination of Drinking-water by means of Impure Ice. By A. H. Nichols, M. D., of Boston.

11. Thirtieth Announcement of Starling Medical College.

# TO THE MEDICAL PROFESSION.

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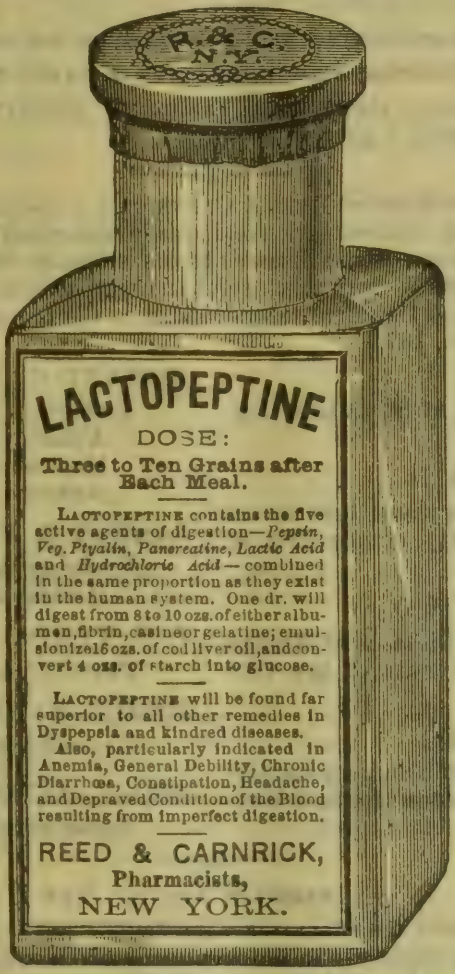


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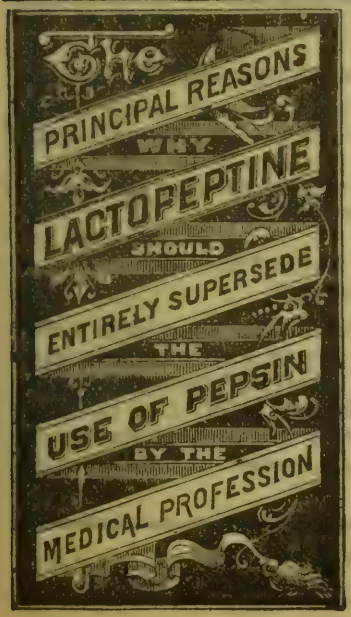
| *Sugar of Milk,* . . . | 20 *Ounces.* | *Veg. Ptyalin or Diastase,* . | 1 *Drachm.* |
| *Pepsin,* . . . . | 4 " | *Lactic Acid,* . . | 2½ *fl. Drachms.* |
| *Pancreatine,* . . . | 3 " | *Hydrochloric Acid,* | 2½ *fl.* " |

*Powder and Mix.*




**1st.**—It will digest from three to four times more *coagulated albumen* than any preparation of Pepsin in the market.

**2d.**—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.

**3d.**—It will change the *starchy* portions of vegetable food into the assimilable form of Glucose.

**4th.**—It contains the natural acids secreted by the stomach (*Lactic and Hydrochloric*), without which Pepsin and Pancreatine will not change the character of coagulated albumen.

**5th.**—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one third more albumen than the combined digestive power of each agent separately in same length of time.

**6th.**—IT IS MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. *An ounce of Lactopeptine is, therefore, fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.*

*All the Statements made in this Circular are the result of repeated and careful experiments.*

The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

The undersigned, having tested REED & CARNRICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formula, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, *April 6th*, 1875.

J. R. LEAMING, M. D.,
Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,
Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,
Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,
Professor of Orthopœdic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.,
Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics, and Clinical Medicine.

SAMUEL R. PERCY, M. D.,
Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,
Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,
House Physician Bellevue Hospital.

GEO. F. BATES, M. D.,
House Surgeon Bellevue Hospital.

INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of *LACTOPEPTINE*, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON, M. D.

BRANDON, VT., March 31st, 1875.

I desire to say that I have used *LACTOPEPTINE* for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,
Late Professor of Obstetrics and Diseases of Women and Children, Vermont Med. College.

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE, BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of *LACTOPEPTINE* and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of *LACTOPEPTINE* in my own case. This was, in brief, an inherited, fostered, and persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

*A large proportion of diseases are the result of imperfect digestion.*

*In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with Lactopeptine.*

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhœa, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

NEWTON, IOWA, May 19th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy. H. E. HUNTER, M. D.

WEST NEWFIELD, ME., June 14th, 1875.

*LACTOPEPTINE* seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years.

JAMES M. WILSON, M. D.

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine. W. W. GOODWIN, M. D.

EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it. F. C. CORNELL, M. D.

CORTLAND, DE KALB CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried. G. W. LEWIS, M. D.

* We desire particularly to call the attention of the Profession to the great value of LACTOPEPTINE when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

*One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces.*

*One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.*

CHILLICOTHE, MO., September 4th, 1874.

I have used *LACTOPEPTINE* this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used. J. A. MUNK, M. D.

FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your *LACTOPEPTINE*, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

WHITE HALL, VA., January 4th, 1875.

A short time since I sent for some of your *LACTOPEPTINE*, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the *LACTOPEPTINE*, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered. Very truly, E. B. SMOKE, M. D.

INDIANOLA, IOWA, December 11th, 1874.

I consider the *LACTOPEPTINE* a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the *LACTOPEPTINE* she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting stercoracious matter; had retained no nutrition for several days. I gave the *LACTOPEPTINE* with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the *LACTOPEPTINE* was his *sheet anchor*. I am now using the *LACTOPEPTINE* in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine. C. W. DAVIS, M. D.

CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe *LACTOPEPTINE* to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, *LACTOPEPTINE* invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used *LACTOPEPTINE* in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEORGE C. BLAISDELL, M. D.

MO. VALLEY, IOWA, November 12th, 1874.

Some months since I saw in a medical journal a notice of your *LACTOPEPTINE*. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office, saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

*One drachm of Lactopeptine will transform four ounces of Starch into Glucose.*

*Pancreatine and Diastase are more important digestive agents than Pepsin.*

## COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing *LACTOPEPTINE* as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. *LACTOPEPTINE* is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsionizing fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE *ATLANTA MEDICAL AND SURGICAL JOURNAL*, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples *LACTOPEPTINE*," was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbolic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

### TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills, Elixir, Syrup, Wine and Troches.

*LACTOPEPTINE is also combined with the following preparations:*

### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior tc all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children.

### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

### ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

*REED & CARNRICK manufacture a Full Line of Fluid Extracts.*

## BEEF, IRON AND WINE WITH LACTOPEPTINE.

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

## ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

## ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.

A valuable combination in cases of Dyspepsia, attended with nervous debility.

## ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

## SYRUP LACTOPEPTINE COMP.

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility, arising from impaired digestion, and also of great value in Pulmonary Affections.

# FORMULÆ.

*The following valuable formulæ have been contributed by* J. KING MERRITT, M. D., *who has used them with great success in his practice:*

**No. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.**

| | | | |
|---|---|---|---|
| ℞ | Liquid Lactopeptine, | | dr. vi. |
| | Fl. Ex. Cinchona Comp., | | dr. i. |
| | Fl. Ex. Taraxacum, | | |
| | Tinct. Zingiber, | aa | dr. iii. |
| | Hydrochloric Acid Dilut., | | dr. i. |
| | Spts. Lavender Comp., | | dr. ii. |
| | Sulphate Quinia, | | grs. xl. |

M. *Dose.*—One teaspoonful every two or three hours.
SIG.—Quinine mixture or tonic mixture.

### REMARKS.

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

**No. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.**

| | | |
|---|---|---|
| ℞ | Liquid Lactopeptine, | dr. vi. |
| | Fl. Ex. Cinchona Comp., | dr. i. |
| | Tinct. Zingiber, | dr. iii. |
| | Spts. Lavender Comp., | dr. v. |
| | Aromatic Sulphuric Acid, | dr. i. |
| | Essence Menth. Pip. or Gaultheria, | gtts. x. |
| | Sulphate Quinia, | grs. xl. |

M. *Dose.*—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit, by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

**No. 3.—FOR MALARIAL DYSPEPSIA.**

| | | | |
|---|---|---|---|
| ℞ | Liquid Lactopeptine, | | dr. fl. vi. |
| | Fl. Ex. Cinchona Comp., | — | |
| | Tinc. Nux Vomica, | aa | dr. xi. |
| | Spts. Lavender Comp., | | oz. ss. |
| | Hydrocyanic Acid Dilut., | | dr. ss. |
| | Syr. Aromatic Rhubarb, | | oz. ss. |
| | Sulphate Quinine, | | dr. ss. |

M. *Dose.*—One teaspoonful with water *ad libitum* at meals (before or after), and *at bed time if required;* also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, *in case the patient should suffer from positive signs of indigestion, although the dose of Formula No.* 3 *has already been taken at the meal time*, either immediately before or after eating, in accordance with the rule or foregoing instruction.

**No. 4.—FOR CHRONIC DIARRHŒA.**

| | | |
|---|---|---|
| ℞ | Liquid Lactopeptine, | dr. vi. |
| | Liq. Opii Comp. (Squibbs'), | dr. iii. |
| | Nitric Acid Dilut.; or, Aqua Regia Dilut., | dr. i. |
| | Syr. Aromatic Rhubarb, | dr. ii. |
| | Pulv. Nit. Bismuth, | dr. ss. |
| | Aqua Camph., | oz. ss. |

M. *Dose.*—One teaspoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and *this rule* should be *persisted in* for two or three days, or until the diarrhœal tendency has been entirely subdued.

## PEPSIN—PANCREATINE—DIASTASE.

In addition to *LACTOPEPTINE* we manufacture PEPSIN, PANCREATINE and DIASTASE. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

They are all presented in a saccharated form, and are therefore very palatable to administer.

## COMP. CATHARTIC ELIXIR.

*The only pleasant and reliable Cathartic in liquid form that can be prescribed.*

**Each fl. oz. contains:**

| | | |
|---|---|---|
| Sulph. Magnesia, | 1 | dr. |
| Senna, | 2 | " |
| Scammony, | 6 | grs. |
| Liquorice, | 1 | dr. |
| Ginger, | 3 | grs. |
| Coriander, | 5 | " |

With flavoring ingredients.

*Dose.*—Child five years old, one to two teaspoonfuls; adult, one to two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain. H. M. HARLOW, M. D.

*Private Formulas of Pills or other preparations made to order.*

**Strychnia Compound Pill.**

| | |
|---|---|
| Strychnia, | 1-100 grain. |
| Phosphorus, | 1-100 " |
| Ex. Cannabis Indica, | 1-16 " |
| Ginseng, | 1 " |
| Carb. Iron, | 1 " |

*Dose.*—One to two.

A reliable and efficient Pill in Anaphrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from Loss of Nerve Power.

Price, 80 cents per hundred.

Sent by mail, prepaid, on receipt of price.

**Hæma, Quinia and Iron Pill.**

| | |
|---|---|
| Ext. Blood, | 2 grains. |
| Quinine Sulph., | 1 grain. |
| Sesqui Oxide Iron, | 1 " |

*Dose.*—One to three.

Price, $2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

## HÆMA PILLS.

We beg to present to the Medical Profession for their special consideration our several preparations of Blood Pills. The use of Blood medicinally, and the importance of its administration in a large class of diseases, has arrested the attention of many of the leading Physicians of Europe, and has received their warmest attestation. Prominent among these may be mentioned Prof. Panum, of the University of Copenhagen, who is using it with great success in the hospital of that city.

At the abattoir in this city, Boston, and in every part of the country, there can be seen numerous persons afflicted with Pulmonary Affections, Chlorosis, Paralysis, Anemia, and other ailments, who are daily drinking the blood of the ox, and many with more benefit than they have derived from any other source.

The blood used by us being *Arterialized Male Bovine only*, is secured as it flows from the animal in a vacuum pan, and the watery portion (85 per cent.), eliminated at a temperature not exceeding 100° F., the remaining mass, containing every constituent of the blood, being the base of our preparations.

HÆMA (Ext. Blood), 4 grs.

*Dose.*—Two to four.

90 cts. per hundred.

HÆMA COMP.

Ext. Blood, 2 grs.
Lacto-Phosphate Lime, 1 gr.
Pepsin, 2 gr.

*Dose.*—One to three.

$1.50 per hundred.

HÆMA, QUINIA, IRON AND STRYCHNIA,

Ext. Blood, 2 grs.
Quinine Sulph., 1 gr.
Sesqui Oxide Iron, 1 gr.
Strychnine, 1-75 gr.

*Dose.*—One to three.

$2.00 per hundred.

Samples sent to Physicians, postage prepaid, on receipt of price.

*LACTOPEPTINE and most of our leading preparations can be obtained from the principal Druggists of the United States.*

SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY SENT BY MAIL.

**Price of LACTOPEPTINE by Mail.**

| | |
|---|---|
| One ounce sent by mail, prepaid, on receipt of | $1 00 |
| One pound " " " " " | 13 00 |

A fraction of an ounce or pound sent by mail on receipt of corresponding price.

We guarantee all goods of our manufacture.

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS.

Oct. 15th, 1875. Respectfully,

REED & CARNRICK, Manufacturing Pharmacists,

*198 FULTON STREET, NEW YORK.*

VIENNA MEDAL

**AWARDED**

# Wm. R. Warner & Co.

***For Officinal and other***

## Sugar Coated Pills.

# TO PHYSICIANS.

*The efficacy of Sugar Coated Pills depends in a great measure on the method of manufacture, as well as the purity and strength of material carefully selected or skillfully prepared.*

*The universal success attending Warner & Co.'s, leads us to believe that our mode is correct. This can be readily proven by prescribing a pill the effects of which are soon apparent, for instance a cathartic, and we are confident the result will show that the full benefit of the medicine is derived when given in this convenient form.*

*Sugar is the most desirable material for the covering of pills. It is more soluble than gelatine, affords a handsomer pill, without necessarily interfering with the solubility, and does not involve processes which make them so expensive.*

*Our pills are kept by* Druggists throughout the country, *they are popular and extensively used. We would request you in prescribing to specify (Warner & Co.) and to order in bottles containing one hundred each, observing that our name is in the glass, while the prescription label with your directions may be on the bottle. Soliciting your influence we are,*

*Yours Respectfully*

*William R. Warner & Co*

PHILADELPHIA.

**Special Recipes made to Order for 3000 or more Pills.**

# WARNER & CO.'S

# Phosphorus Pills.

Per Hundred.

PIL: PHOSPHORI COMP., each containing Phosphorus, gr. $\frac{1}{100}$; Ext. Nux Vom. gr. ¼, . . . . . *Price, $2.00*

PIL: PHOSPHORI ET NUCIS VOM.—Phosphorus, gr. $\frac{1}{50}$; Ext. Nux Vom., gr. ⅛, . . . . . *Price, $2 00*

PIL: PHOSPHORUS IRON AND NUX VOMICA.—Phosphorus, gr. $\frac{1}{100}$; Ferri. Carb. Val., gr. 1; Ext. Nuc Vomicæ, gr. ¼, *Price, $2.00*

Also, PIL: PHOSPHORI, gr. $\frac{1}{50}$, and PIL: PHOSPHORI, gr. $\frac{1}{100}$, *Price, $1.00*

---

Phosphorus is an important constituent of the animal economy, particularly of the brain and nervous system, and is regarded as a valuable remedy for the following diseases:—

***Lapse of Memory, Impotency, Softening of the Brain, Loss of Nerve Power, Phthisis, Paralysis and Neuralgia.***

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JAMES E. REEVES, M. D., Editor and Proprietor.

*AUGUST, 1876.*

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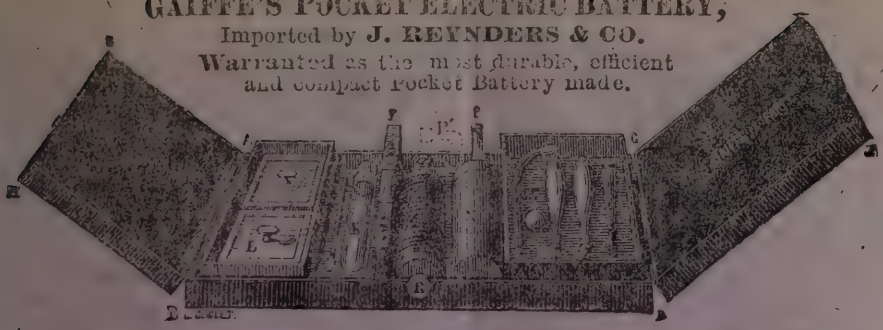

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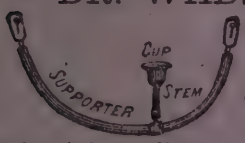


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Vol. 1. WHEELING, AUGUST, 1876. No. 10.

## Original Communications.

### Art. 1.—NOTES ON THE EARLY HISTORY OF DIPHTHERIA IN THE UNITED STATES.

By DR. JOHN C. PETERS, of New York,
Vice-President of the Public Health Association of the city of New-York.

PAPER No. 3.

BY the kindness of Dr. S. S. Purple, President of the New York Academy of Medicine, whose library abounds in the most valuable books, pamphlets, etc., published in the earlier part of our history as a medical profession in this country, I have also had access to the Treatise of Dr. Samuel Bard, of New York city, on Diphtheria, entitled

"AN INQUIRY INTO THE NATURE, CAUSE, AND CURE OF THE ANGINA SUFFOCATIVA OR SORE-THROAT DISTEMPER, AS IT IS COMMONLY CALLED by the INHABITANTS OF THIS CITY [New York] AND COLONY. BY SAMUEL BARD, M. D., and Professor of Medicine IN KING'S COLLEGE.* New York, 1771. Dedicated to Cadwallader Colden, M. D. Esqr., His Majesty's Lieut. Governor of the Province of New York."

We will here premise that Dr. Bard's little treatise was translated and published in Paris in 1810, and was known to Bretonneau, the so-called Father of the history of Diphtheria, who quoted from it.

Dr. Bard says: "In general this disease was confined to children, though some few grown persons, particularly women, had symptoms resembling it.

*Now Columbia College.

"Unlike the promptness of the onset of scarlet fever, most of those who had it were observed to droop for several days, * * * and had a bloated livid countenance. Some had a few red eruptions here and there on the face; and in one case a small ulcer on the nose, whence oozed an ichor so sharp as to inflame and corrode the upper lip, * * * an uneasy sensation in the throat, but without any great soreness or pain, and upon examining it, the tonsils appeared swelled and slightly inflamed, *with a few white specks upon them, which in some increased so as to cover them all over with one general slough.* In a few the swelling was so great, as almost to close up the passage of the throat; but this, although a frequent symptom, did not invariably attend the disease; and some had all the other symptoms without it. The breath was either no ways offensive, or only slightly so, and the swallowing was very little, if at all, impeded.

"These mild symptoms, with a slight fever at night, continued in some for 5 or 6 days, without exciting alarm; in others, a difficulty of breathing came on within 24 hours, and was often increased to such a degree as to threaten immediate suffocation. In general the difficulty of breathing came on later, and increased more gradually.

"This stage of the disease was attended with a very great and sudden prostration of strength, a very remarkable hollow dry cough and a peculiar change in the voice; not easily described, but so singular, that a person who has once heard its could almost certainly know the disease again by hearing the patient speak, or cough. In some the voice was almost entirely lost. [*Croupous Diphtheria.*] * * * These symptoms continued from 1 to 3 days; but by that time it was usual for them to be greatly increased in such as died. * * * The difficulty of breathing increased so as to be frequently almost entirely obstructed, and the patient died apparently from suffocation. [*Croupous Diphtheria.*] This commonly happened before the end of the 4th or 5th day; in several within 36 hours from the time the difficulty of breathing first came on. One child however lived to the 8th day, and the day before he died his breath and what he coughed up was somewhat offensive; but this was the only instance in which I could discover anything like a disagreeable smell, either from the breath, or expectoration.

"Out of 16 cases attended with this remarkable suffocation in breathing, 7 died; 5 of them before the 5th day; the other 2 about the 8th. [*Croupous Diphtheria.*]

"In the family of Mr. W. W., one of the first to be attacked, 7 children were all affected, one after the other; 3 died. The 3 youngest had not the difficulty of breathing, but in its stead very troublesome ulcers behind the ears. These began with a few red pimples, which soon ran together, itched violently, and discharged a great deal of a very sharp ichor, so as to erode the neighboring parts, and in a few days spread all over the back part of the ear and down upon the neck. [*Cutaneous Diphtheria.*]

"After this, many other children had similar ulcers behind their ears and some of them seemed slightly affected with the difficulty of breathing, but it never became alarming while this discharge continued. These ulcers would continue for several weeks, and *appeared covered in some places* with sloughs resembling *those on the tonsils;* and at last grew very painful and uneasy. [*Cutaneous Diphtheria.*]

"In some cases they were attended with swellings of the glands under the jaw and behind the ears.

"I met with nothing like this complaint in adult persons, * * except the two following cases. They happened about the same time, and both were women; one of them had assisted in laying out two of the children that died of it. At first her symptoms resembled rather an inflammatory angina, but about the 3d day, the tonsils appeared covered with thick sloughs; her pulse was low and feeble, with a moist skin, a dejection of spirits, and some anxiety, though nothing like the difficult breathing of the children.

"The other was a soldier's wife, who had a slight fever for sometime before she perceived any complaint in her throat. The tonsils were swelled and entirely covered with sloughs, *resembling those of the children;* but her breath was more offensive, and she had no suffocation."

Dr. Bard, at p. 10, also says: "I have had an opportunity of examining the nature and seat of this disease, from *dissection*, in three instances. One was a child 3 years old. Her first complaint was of an uneasiness in her throat, the tonsils were swelled and inflamed, *with large white sloughs* upon them. * * She had no great soreness in her throat, and could swallow with little or no difficulty. Her pulse was quick and soft; the heat of her body was not great; *her face was swelled.* She had considerable prostration of strength, with a very great difficulty of breathing, a very remarkable cough and a peculiar change in her voice. She drew her breath as if the

air was forced through too narrow a passage, so that she seemed incapable of filling her lungs, etc. [*Croupous Diphtheria.*]

"Upon examining the body * * all the back parts of the throat and the root of the tongue were found covered and interspersed with sloughs, which still retained their whitish color. * * The epiglottis, which covers the windpipe was a little inflamed on its external surface; *but on the inner side together with the whole larynx was covered with the same tough white sloughs, as the tonsils or glands of the throat.*

"The whole trachea quite down to its division in the lungs, was lined with an inspissated mucus, in the form of a membrane, remarkably tough and firm. It was so tough as to require no inconsiderable force to tear it, but it came out whole from the trachea, which it left with much ease, and *resembled more than anything*, both in thickness and appearance, a *sheath of thin chamois-leather.* The inner membrane of the trachea was slightly inflamed. [*Croupous Diphtheria.*]

"Where the membrane extended into the lungs, it seemed to grow thin and finally to disappear. The lungs, too, appeared inflamed as in peripneumonic cases, etc.

"The second dissection I attended was of a child 7 years old, who had had all the symptoms with which this disease is commonly attended, except that the glands of the throat and upper parts of the windpipe were found entirely free from any complaint, and the disease seemed to be confined to the trachea only, which was lined with this tough mucus, inspissated so as to resemble a membrane. [*Pure Tracheal Diphtheria.*] We could trace it into the larger divisions of the trachea, and it was very evident that the smallest branches were obstructed by it. The lungs did not collapse as usual, but remained distended and felt remarkably firm and heavy, as if they were stuffed with the same mucus.

"The third was a child, 3 years old, who died in 36 hours after the difficult breathing first came on, yet even in this case I found the inspissated mucus lining the trachea." [*Tracheal Diphtheria.*]

Dr. Bard refers to Home's essay on croup, published some years before at Edinburg, under the name of Suffocatio Stridula, or Croup. He says: "Such a remarkable agreement in the symptoms of the two diseases, is in itself almost sufficient to determine them to be the same; but when we compare the appearances from dissection, it is

almost placed beyond a doubt. In eight cases, in which Dr. Home gives the dissection, the membrane I have described was constantly found, of the same appearance, firm consistence, loose adherence to the trachea, * * and it descended into the smallest branches of the wind-pipe, so as to choke these cavities and suffocate the patient. It is true Dr. Home does not mention the swelling of the tonsils, or the sloughs upon them as frequent symptoms; *but in some cases here they were also wanting*, and he mentions some in which the tonsils, together with all the glands about the root of the tongue were covered with mucus."

It will be seen that Dr. Bard almost made a diagnosis between Tracheal Diphtheria, and Membranous Croup. Dr. Bard continues: "Drs. Fothergill and Huxham have both written upon a disease, under the title of Malignant Ulcerous Sore Throat, which in some circumstances, particularly an erysipelatous or scarlatinous eruption with which it was attended and many other symptoms widely differed from the complaint I [Bard] have described. And yet they agree in so many other and such remarkable symptoms that I [Bard] cannot help entertaining the opinion, that they bear some relation to each other." Here Dr. Bard almost established a diagnosis between Scarlatinal Diphtheria, and pure Diphtheria.

"Do not these resemblances; their being in a great measure peculiar to children; their infectious nature; * * * the inflammation, swellings and sloughs on the tonsils and neighboring parts, unattended with any remarkable difficulty of swallowing; the discharge from the nose, and behind the ears; * * * but above all the peculiar difficulty in breathing, the hoarse dry cough, and the remarkable change in the voice, I [Bard] say, do not these symptoms, in which they all agree, justify an opinion, that although these diseases may specifically differ, yet determine them to be somewhat of the same class? And may not the erysipelatous or scarlatinous eruptions and putrid symptoms have belonged rather to the constitution of the air [from the filth of places, and the epidemic tendency of the times] than to the especial nature of the disease? Dr. Huxham particularly mentions that all the diseases of that season were attended with some kind of skin eruptions, and that too even in pleuritic and pneumonic disorders; so greatly did the constitution of the air or some other cause—seem disposed to produce eruptions of all sorts.

"Dr. Huxham particularly mentions too, the strangulated breath-

ing, and hoarse voice as characteristic symptoms, and quotes several Spanish and Italian physicians to the same effect: a strong proof that suffocation must have been among the most striking symptoms.

"It is likewise remarkable that some of the first writers, which Dr. Fothergill quotes, call it simply Morbus Strangulatorius, whilst Severinus connects the symptoms of strangulation and putrefaction together; and others again entirely omit the symptoms of suffocation and name it Angina pestilans, gangrenosa, or malignant ulcerous sore-throat. [All these writers confounded Diphtheria and Membranous Croup with Malignant Scarlet Fever.]

"The same differences of opinion have been entertained of its infectious nature: many declare it to be pestilential and contagious without any restriction; while some, particularly Cortesius, an Italian, consider it contagious, but only in a certain limited sense."

"It seems very evident that the disease which Dr. Fothergill treats of was frequently connected with affections of the trachea, and with remarkable suffocation and strangulation. [*Scarlatinous Diphtheria.*]

"Neither Dr. Fothergill or Huxham made any dissections of persons who died of the complaint they treat of; but the latter says pieces of the internal membrane of the wind-pipe were sometimes spit up; and Dr. Monro saw in the dissection of some children who died, at Edinburg, of a disease there considered to be putrid sore throat, the same membrane lining the trachea and descending to its minutest branches, similar to what is found in membranous croup. This membrane was not universal in all he examined, but whenever it was found the children had breathed in the same manner as those who were affected with croup; a pretty evident proof that these diseases are at least allied to and apt to run into each other."

Dr. Bard evidently thought, that croup and the ulcerous sore-throat-diseases were the same; only those described by Huxham and Fothergill were more putrid and malignant, like modern cases of Malignant Diphtheria.

It is very fortunate indeed that he described exactly what he saw; and separated his comparisons and reasonings from his facts.

"One of Dr. Fothergill's cases, a girl of 12 years, died in 24 hours, evidently from strangulation and not from putrid dissolution of the humors, and I [Bard] have been assured by some of the oldest practitioners of New York that they have seen, but a few years

ago, the same disease I have described, attended both with erysipelatous or scarlatinous appearances and highly putrid symptoms. [*Probably Malignant Scarlet Fever, blended with Diphtheria.*]

"Upon the whole therefore, I (Dr. Bard) am led to conclude that the Morbus Strangulatorius of the Italians, the Croup of Dr. Home, the Malignant Ulcerous Sore-Throat of Huxham and Fothergill, and the disease I have described, and that first described by Dr. Douglass, of Boston, however they may differ in symptoms, do all bear an essential affinity and relation to each other; or are apt to run into each other, and in fact arise from the same Leven."

This is equivalent to saying that malignant scarlet fever, membranous croup and diphtheria are one and the same disease, and makes us doubly thankful that Dr. Bard gave us his facts separate from his theories.

"The disease I (Bard) have described appeared evidently to be of an infectious nature, and being drawn in by the breath of a healthy child, irritated the glands of the throat and wind-pipe. The infection did not seem to depend so much on any prevailing disposition of the air, as upon effluvia received from the breath of infected persons. This will account why the disorder sometimes went through a whole family and yet did not affect the next door neighbors. Here we learn a very useful lesson, viz., to remove young children as soon as any one of them is taken with the disease, by which many lives have been saved and may again be preserved."

Dr. Bard could not hear of any one who had used blood-letting with success, or any remarkable benefit, and hardly ventured to prescribe it, especially as the mucous membrane of the trachea was not red and inflamed enough to produce pus, but only mucus, which then preternaturally thickened into the form of a membrane.

But mercury was then supposed to thin all the mucous secretions, particularly those of the mouth and throat, and to prevent the formation of this tough membrane, which was then thought to be the proximate cause of the disease and to readily account for all the other symptoms. Dr. Douglass, of Boston, first tried it and meeting with some success recommended it to others, (in all cases not attended with a natural salivation), in order to cast off the sloughs. He thought it as useful as in syphilitic ulcerations of the throat, and says a mild salivation aids "the dispumation of the acrid inquination of the juices in this distemper, the natural crisis of which seems to take

place from patent and open healthy or salutary emunctories of the throat and skin."

Dr. Bard says "there is a singularity in this gentleman's (Dr. Douglass) style; but his experience is founded on real, not imaginary cases," and he himself had seen a case of no trifling degree of severity which was cured by a very copious natural salivation.

Dr. Bard continues: "Dr. Douglass wrote upon this disease as it appeared in this country in 1735 and under his own immediate observation, which seems accurate and judicious. Calomel in doses of 30 to 40 grains, or indeed a much larger quantity has been given in 5 or 6 days, to a child of 3 or 4 years, not only without any ill effects, but to the manifest relief of breathing by promoting the casting off of the membranes and sloughs beyond any other medicine."

Dr. Bard, p. 29, gives the case of a little girl, aged 2½ years, who had complained for a week of a sore throat and hoarseness; then she had some difficulty of breathing, which greatly increased. Her tonsils were swelled, inflamed and covered with sloughs of a yellowish color; her breath was not offensive, her pulse was small and fluttering, and her skin pale and clammy. She recovered in 15 days except from great weakness, and such a remarkable loss of voice that it was with great difficulty she could be heard, while the moment she attempted to drink she fell into a fit of coughing. "In 2 months, she could hardly walk alone, or speak above a whisper." [*Diphtheritic Paralysis.*]

From the above it is evident that Dr. Bard had met with many cases of pure pharyngeal and tracheal diphtheria. Also with some cases of membranous croup, not complicated with diphtheria, and a few cases of scarlatina anginosa, complicated with diphtheria. He came very near establishing a diagnosis between all these diseases, and far exceeded Bretonneau who confounded scarlet fever with diphtheria, and assumed that all cases of membranous croup were diphtheritic, and were always preceded by pharyngeal diphtheria.

His article is among the calmest, wisest, and most accurate that has ever been written on diphtheria, both before and since his time. The city of New York is justly proud of the honor and reputation of this great and honest medical observer.

# SELECTIONS.

## Thirty-seven Operations of Thoracentesis by Pneumatic Aspiration.

By Frank Donaldson, M. D.,
Clinical Professor Diseases of Throat and Chest, University of Maryland.

Read before the Medico-Chirurgical Faculty of Maryland, April 1876.

We propose to occupy the attention of the Faculty for a short time, to illustrate the value of Dieulafoy's aspirator in the treatment of subacute and chronic pleurisies, by a brief analysis of 37 operations of thoracentesis in 22 subjects. Of these, 17 were seen in consultation with other physicians. Of the whole number, 5 were cases of chronic pleurisy, where the fluid removed was purulent, and 17 where it was serous in its character.

Of the cases of empyema, one was the interesting little patient of Dr. Gibbons, three and a half years old, upon whom we operated twice, at the request of Dr. Gibbons. This child completely recovered after five aspirations. Of the 4 other cases, 2 recovered perfectly: one after only one aspiration; the other after 5 aspirations and the subsequent use of a draining tube for seven months. The remaining 2, which were complicated with phthisis, died—one within a week, and the other after the use of the draining tube for four months.

Injections into the pleural sac were only resorted to in one case (tubercular in its nature); detergent washes of a feeble solution of carbolic acid were employed. The effects were not good; there was a rise of temperature, and an aggravation of unfavorable symptoms resulted. We did not resort to injections of iodine, because the recorded results of their employment by Dieulafoy, Bucquoy, and Blachelz were not favorable to their use. Moreover, Monsieur Dujardin Beaumetz's experiments had shown that the tincture of iodine, even when diluted, acted upon the india-rubber tubing as it passed through it, and conveyed particles into the sac which were positively injurious.

Unless cases are complicated with phthisis, we would continue to introduce the needle every few days, until we fairly test whether or not the surfaces will discontinue the production of purulent fluid.

Bouchut reports a case of a child who was cured after thirty-three aspirations? Dieulafoy gives one cure of empyema after nine aspir-

ations, and a number after two or three punctures. Bowditch, Dieulafoy, Meigs and Blachelz all encourage us to persevere with these aspirations in empyema, especially in the young, where the disease is nearly always cured in a comparatively short time unless it is complicated with tubercle. We claim that pus in the pleural cavity should never be allowed to remain when it can be removed by a process so simple and, as our results will prove, so harmless as pneumatic aspiration. By Baccelli's method we have been enabled to diagnose whether or not the fluid was purulent or serous in its character. It is an accurate means of auscultatory diagnosis, because it is based upon the well-known physical law that the vibrations of sound in liquids are transmitted inversely to their density. In a serous fluid the sound of the voice passes more readily than in a purulent fluid. In the latter case it is scarcely audible.

Of course, patients suffering from empyema should be placed in the most favorable hygienic condition, and should be given freely of tonics.

Of the 17 cases of serous effusions, they all, except one, as far as we could determine, resulted from subacute pleurisies, coming on insidiously, the individuals not being aware of the nature of their sickness until their chests were well filled with fluid. Of these 17 cases, 15 recovered after only one aspiration; one after two aspirations. One, who in addition had cirrhosis of the liver and finally died, was operated on 5 times, the quantity of fluid each time drawn off varying from 45 to 75 ℥. In 13 of these cases care was taken to use the finest needles, half a millimetre in diameter, and in 4 cases the No. 2, which is larger, being one millimetre in size, was employed.

In three of these cases the heart was pushed over to the right of the sternum, and recovered its position within two days after the operation. In one case four punctures were made before we succeeded in placing the needle in contact with the fluid, owing to the long continuance (certainly over three months) of the fluid's presence, and the formation of fibrinous bands preventing the gravitation of the fluid; the last puncture was in the ninth intercostal space near the vertebræ. In this case we removed 90 ℥; and although the patient was sixty-five years old, he suffered no inconvenience either during or after the operation. The withdrawal of the fluid was so gradual by the use of the needle No. 2, that the lung expanded with-

out any inconvenience to the patient, until it was mechanically prevented by the pleuritic adhesions. In another case four incisions were made without drawing fluid, but the physical signs were so marked that we felt sure the fluid must be present, and at the fifth incision we were rewarded by finding the fluid in quantity.—The acute case when admitted had a temperature of 103° F. We gave twenty-grain doses of quinine two nights in succession, reducing the temperature to 99° F. Finding the heart pushed to the right of the sternum and its apex beating below the zyphoid cartilage, we operated, drawing off 36 ℥, and three days afterward we aspirated 46 ℥. The patient had no return of the fluid, and he was discharged well within a week, the heart recovering its normal position.

In not one of these thirty-seven operations were there any unpleasant consequences, beyond, in a few cases, some inconvenience from a cough produced as the coated pleural surfaces came in contact. Whenever any of the patients complained of a sense of constriction in the chest, we at once withdrew the needle. In three instances, after the withdrawal of a few ounces of fluid, we noticed in the indicator there was flowing some bright scarlet blood. We concluded we had pricked the lung, and at once withdrew the needle. This was not followed by any unfavorable results; on the contrary, the patients rapidly recovered. Dieulafoy and others have reported numbers of cases where punctures of the lung were attended with no evil results, the fineness of the needle preventing any serious injury, the minute orifice made at once closing after the withdrawal of the needle. We now have the ingenious dome-trocar needles made by Tiemann, by which, after insertion, the sharp needle-point is converted into a blunt canula; with this there is no possibility of injuring the lung.

The importance of exhausting the air in the cylinder before turning the stop-cock cannot be overrated, otherwise the lung is subjected to the jerk of the instrument as the rack is turned and the fluid withdrawn.—Dieulafoy insists with pride upon this previous vacuum principle as one prominent advantage of his invention. This, together with the small size of the perforated needle, make the operation innocuous.

We have generally inserted the needle at the lowest point in the 7th, 8th or 9th intercostal spaces, midway between the vertebræ and a line drawn from the angle of the scapula. The insertion should be

made quickly, and immediately above the inferior rib. After the eye of the needle is in the integument, we turn the stop-cock, and thus convert the needle and tubing into aspirators, as directed by Dieulafoy. The moment the fluid is reached it must flow through the needle into the receiver. We prefer that the patient should be in the semi-recumbent position, supported by pillows; but he may, if he prefer it, lie down. We have, in sensitive women, used local anæsthesia to avoid the slight amount of pain caused by the prick of the needle, but ordinarily this is unnecessary.

One word as to the indications for the use of the aspirator. Notwithstanding Trousseau's numerous cases, Fraentzel's elaborate articles, with the results collected from numerous observers, Dr. Bowditch's 328 successful operations of thoracentesis on 207 persons, most of them by the use of Wyman's comparatively large-sized trocars, and Dieulafoy's hundreds (he does not give his exact number), and numerous cases reported by others, yet many practitioners, timid perhaps naturally, or so from theoretical grounds, are unwilling to resort to the operation until there is imminent danger, as shown by great dyspnœa. There is such a thing as trusting too much to Nature's beneficent offices. We maintain that, with ordinary care, there is no danger in the operation; and that, unless the diffused fluid rapidly disappears under the ordinary treatment, its mechanical pressure may be the cause of death by displacement of the heart, by distortion of the large blood-vessels, and by thrombosis of the pulmonary artery. Deaths have frequently resulted from these causes. If Nature, assisted by tonics and diuretics and iodine, acts promptly to remove the effused fluid, it is not justifiable for us to interfere by mechanical means, no matter how little probability there may be of any unpleasant results from their employment.

During the past year we have had under observation six cases, three of which were acute in their nature, where we did not operate, because the quantity of fluid was not large and the subjective symptoms resulting were trivial. They all recovered. In one case it was two months before the fluid all disappeared; in another, six weeks; in the remaining four cases, four weeks. In two of these cases the parties are still deficient in full respiratory force, and there is manifest impairment of the expansion of the lung for two or three inches at the base of the chest.—If the fluid remains in volume sufficient to compress the lungs, it must seriously impair the respiratory

function of hæmatosis. The lung becomes in time carnified and useless. The air-sacs are thereby so compressed that the air is forced out of them, their walls adhere, and they cannot be separated by the tidal column, as it is drawn in by the inspiratory act. Finally, the fibrinous bands prevent the lungs from expanding and coming in contact with the ribs, and the external atmospheric pressure forces inward the walls of the chest. Unless the fluid is promptly taken up, the thickening of the pleuræ prevents the effused fluid from being absorbed, except very slowly. On the other hand, the rapidity with which patients recover after thoracentesis by pneumatic aspiration is very astonishing. This is in proportion to the promptness with which the operation is performed. If time is allowed for the formation of the adhesions to cripple the lungs, convalescence is necessarily slow.

The results in Europe and in this country of the application of Dieulafoy's method of operating, justify us in resorting to it without hesitation and promptly. The value of his instrument as a means of diagnosis in doubtful cases, is very great.

In this connection I would call attention to a physical sign indicating the presence of fluid in the chest which is not ordinarily mentioned. It is the quality of the bronchial resp: which we consider very characteristic. It is a diffused, distant tubular sound, unaccompanied with moist rales, soft in its character, and muffled; in strong contrast to the bronchial resp: resulting from consolidation of the lung, which is harsh and brazen in its tone. In the latter case the sound is immediately under the ear, the lung being in contact with the inner surfaces of the ribs and rendered a good conductor by its solidity, and the sound rendered louder by the increased consonating properties of the walls of the bronchi; whereas, in the former, the lung is removed from the walls by an indifferent conductor of its sounds, and the sounds are conveyed from the compressed lungs, at their base, by the walls of the chest, and, in a degree, by the deposits on the pleural surfaces.

There are three other physical phenomena which we consider very valuable in assisting us to make the diagnosis of the presence and extent of the effusion in the pleural sac. One is the peculiar semi-tympanitic reasonance on percussion heard above the level of the effusion, especially beneath the clavicle and in the region next to the sternum. We have verified Trousseau's statement that this sign,

described by Skoda, and called *retentissement skodique*, is rarely absent in pleurisy when the effusion does not come up above the fourth rib. Intercostal fluctuation, especially in the younger subjects, can frequently be appreciated when we press carefully with the palmar surface of the finger between the ribs, while the percussion stroke is applied to another part of the same side. If we auscultate with a stethoscope, the chest extremity of which is made to fit in between the ribs, while another party percusses the chest, we can almost always detect the fluctuation within the chest. These physical signs we consider as more reliable, as isolated, than the dulness on percussion, or egophony, and as valuable as absence of vocal fremitus, or increased amplitude of the chest. Taken with them, they make the diagnosis easy and simple.

The result of our experience in the use of this instrument is, that it ought always to be used in cases of empyema, which can only be ascertained with certainty by Baccelli's method, or by employing the aspirating needle as an exploring instrument. If, after a few operations, the purulent fluid continues to be formed, the draining-tube should be inserted, and worn until there is no purulent discharge.

In acute cases, if the fluid rises rapidly above the angle of the scapula, or if there is any moving of the heart from its normal position, or any distortion of the large blood-vessels, the operation should be promptly performed. If there is any oppression of the breathing, the demand for the operation is imperative. Antipyretics, such as quinine and digitalis, should be employed, but veratrum viride and aconite should be avoided on account of their power to prolong the diastolic movements of the heart.

In sub-acute cases, the value of the prompt and repeated use of the aspirator is very great. The absorption of the effused fluid in these cases is generally very slow, and the injury to the lungs is very great from the prolonged pressure, causing carnification of the lung, and the adhesions and pleural thickening interfering with the expansion of the air-sacs after the fluid has disappeared. Of course we would give Nature a reasonable trial of her power to absorb the fluid without mechanical interference on our part. If, in a week or ten days, it continues to increase, or does not lessen in quantity, we would operate.

We cannot insist too much upon the necessity of employing very fine needles, and that the operator shall at once desist from the use

of the aspirating force as soon as the subject complains of constriction of the chest, or if a constant cough is produced.

With these precautions used, we believe the employment of the aspirator is safe, and of great practical value in the treatment of pleurisies. Formerly, when we used the ordinary trocar, we were timid in operating, for we felt there was danger by thoracentesis of introducing air into the sac and converting a serous into a purulent fluid, and of injuring the lung and perhaps producing pneumothorax. —With Bowditch's (Wyman's) pump, we felt more confident, and we never had any such unpleasant results. Now, with Dieulafoy's previous vacuum and capillary needles, we feel that without great negligence it is impossible to seriously injure the lung or introduce air.

We are aware that unpleasant results have sometimes followed the operation of thoracentesis, and sudden deaths have been reported. We have never been so unfortunate as to meet with such cases. It is difficult to explain the fatal cases, unless we suppose that there had existed some organic disease of the valves of the heart, or fatty degeneration of its walls. MM. Legroux and Vallin state their opinion that deaths may occur in thoracentesis from cerebral anæmia, and from plugs of fibrin formed in the pulmonary veins while the lung was compressed by fluid; fragments becoming detached during the expansion of the lung. There is no warding off or foreseeing such a pathological condition. As has been suggested by Niemeyer, the cause of the fatal syncope may be from œdema of the lungs. If the effusion has not existed for a long time, ordinarily the lung expands as we aspirate the fluid, and the patient bears it without inconvenience; but if the lung is prevented by hyperplastic tissue from following the withdrawal of the fluid, the continued use of the aspirating force produces paroxysmal cough; the occurrence of which ought at once to make us desist from further withdrawal of fluid. Any appearance of faintness should cause us to lay the patient in the recumbent position, immediately stop the operation, and resort to stimulants. If the patient is weak and has suffered long, it is best to operate while he is in the recumbent position. We prefer to operate about an hour after the digestion of a good meal—patients bear the shock better.

It is stated in the French medical journals, that recent statistics show that since thoracentesis has become a common practice, the

mortality from pleurisy has increased in France. It is difficult to account for this, if it is true, especially as all observers who have used the aspirator most frequently, report very few cases where the results of the operation have not been highly favorable. It may be that the cases of sub-acute and chronic pleurisies attract so much more attention than formerly, and that the diagnoses are more accurate. Louis' law, deduced from 150 cases of acute pleurisy, that patients never die from the effusion, was long since disproved by Trousseau. Lacaze du Thiers published a number of cases of sudden death from the amount of effusion. Many of the cases of empyema are complicated with phthisis, and when deaths occurred they were formerly registered as from phthisis; whereas now, after paracentesis, they would be recorded as from chronic pleurisy.—It must also be borne in mind that sub-acute and chronic pleurisies are frequently consecutive to diabetes, Bright's disease, chronic alcoholism, cirrhosis of liver, and other organic diseases. Patients die of the primary lesions, though relieved of the secondary ones. Statistics may record the deaths from the pleurisies for which there was operative interference, instead of from the organic diseases.

It is impossible to estimate the number of the cases of permanent injury to the lung from the fluid remaining for a long time in the pleural cavity. It is a well known fact that at almost all post-mortem examinations of phthisical subjects, we find extensive adhesions which must have interfered with the proper expansion of the lungs. These could not have been caused by dry tubercular pleurisies, which are generally over a very circumscribed spot, but must have been from sub-acute pleurisy, in many instances not recognized during life. From these evidences of previous pleurisies we cannot but agree with the received belief that they are frequently the commencement of cases of tubercle, notwithstanding Dr. Flint's conclusion from his forty-seven cases of pleurisy that phthisis was a rare result.

We have delayed the Faculty longer than we intended; we merely wished to give the result of our experience in the use of Dieulafoy's aspirator. This, as far as 37 operations in 22 subjects are of any value, has proven it to be an instrument of great efficiency, and harmless when used with ordinary care. Dr. Loomis' opinion that aspiration should be used when the fluid accumulation remains stationary for one week, or is found to be increasing after the cavity is

half filled, we believe to be correct. The timely performance of the operation, as he states, in a large number of cases of sub acute pleurisy, tends to promote rapid recovery, and prevents those changes in the pleura which lead to tedious convalescence and incomplete ultimate recovery.—*Transactions.*

## Stone in the Bladder.

**Its Spontaneous Expulsion and its Removal by Lithotripsy, Lithotomy, and Perineal-lithotrity, with an Analysis of Thirty-five Cases; being an abstract of a paper read to the Medical Society of the State of New York, June, 1876.**

By J. W. S. Gouley, M. D.,

Professor of Diseases of the Genito-urinary System in the Medical Department of the University of the city of New York; Surgeon to Bellevue Hospital, Etc.

AN abstract only of the paper is here given, owing to its length, and because it will appear in full elsewhere. It contains a brief account of the genesis of vesical stones, of the treatment of nephretic colic, of the use of alkalies and other remedies in expediting the spontaneous expulsion of small calculi from the ureters and from the bladder, of the early detection of stone, and of the instruments best adapted to the purpose.

The writer considers that the time has arrived for lithotripsy to be adopted as the general operation in adult males whose urethræ are normal or can be rendered so practically; for lithotomy to be resorted to only in cases accompanied by narrow and undilatable urethral strictures, or by cystitis with uncontrollable vesical irritability, and in young children; and for perineal-lithotrity and its modifications to be reserved for cases of large stones.

A succicnt account of these various modes of treatment of stone in the bladder is followed by a report of thirty-five cases, an analysis of which is here given.

The thirty-five patients suffering from vesical calculi who had come under treatment, ranged from two to seventy four years of age.

In seven cases the stones were expelled spontaneously from the bladder.

Thirteen cases were subjected to lithotripsy.

Ten cases underwent lithotomy, and in five cases perineal-lithotrity was done. Thirty-three recovered and two died.

The seven patients whose calculi were expelled from the bladder were from twenty-five to sixty-two years of age.

They had all had from one to four attacks of nephretic colic, and five had already expelled calculi per urethram.

Two had urethral strictures; in one of these two calculi were impacted behind a stricture which had to be dilated before they could be extracted.

Two had prostatic hypertrophy, but the stones were finally expelled.

In one case the calculi were very small but numerous.

In one case there were ten calculi, the size of buckshot.

In one case there were four, one of which was equal in diameter to No. 15 sound, and weighed ten grains.

In one case there were two, both of which became impacted behind a urethral stricture, and were extracted with dressing forceps.

There was one in each of the three remaining cases, and in one of these cases the stone weighed ten grains.

The calculi were all of uric acid, and were expelled from the bladder in from one to thirty days or more after the nephretic colic.

The treatment consisted in the use of diluents and alkalies, cathartics, dilatation of the urethra, etc.

All the patients made good recoveries.

The thirteen patients subjected to lithotripsy were between the ages of 24 and 66; three were under 30; three were from 34 to 37; three from 48 to 60, and four from 62 to 66.

Eight of the thirteen had troublesome cystitis, with much vesical and urethral sensitiveness, which required prolonged treatment before the operation could be done.

Three had urethral strictures, which, however, yielded to gradual dilatation before the operation.

In five cases it was necessary to enlarge the meatus urinarius by incision.

Four cases were complicated with prostatic enlargement.

Two cases had before undergone lithotomy.

Two cases had already been lithotriptized.

The stone was small in two cases; of medium size in five cases, and exceeded one inch in diameter in four cases.

There were several stones in one case; four in one case; two exceeding one inch in diameter in one case, and one stone in each of the ten remaining cases.

Every case underwent the most careful preparatory treatment.

Four cases were cured in one sitting; one in three sittings; one in four sittings; four cases in five sittings each; one case in seven sittings, and one in twenty-four sittings.

One case was followed by a rigor after the first sitting: one case after each of the four' sittings; while the remainder had no rigors at all.

In one single case did any of the sittings exceed five minutes, and that by one minute only. In most of the cases the sittings were of from one and a-half to three minutes' duration.

The lithotrite was introduced twice in one sitting in three cases. In all the others the instrument remained in the bladder until from three to fifteen crushings had been made when it was withdrawn not to be again used until the next sitting.

The intervals of time between the sittings varied from two to eight days, except in two cases, where they were extended to several months at the request of patients.

In no case did orchitis supervene.

No sitting has been followed by severe hemorrhage, and only in some of the patients of sixty and upwards has the urine been tinged with blood. Even in these cases the urine became clear within twenty-four hours.

No sitting has been followed by severe cystitis, on the contrary, after the second sitting the vesical irritability has usually so diminished as to render the subsequent sittings easy for the patient and for the operator.

Expulsion of detritus from the beak of the lithotrite was always effected to a sufficient extent to permit closure of the jaws, so that the urethra sustained no injury in any case during the withdrawal of the instrument. The detritus was spontaneously expelled with the urine in ten cases. Aspiration of the fragments was made in one case. In one case aspiration was used only during one sitting, the detritus having been expelled spontaneously afterwards. In one case all the detritus was removed by the lithotrite and by an evacuating catheter, as none could be expelled on account of vesical atony. Impaction of fragments in the urethra occurred in five cases, but caused little inconvenience in any case, as they were either very soon expelled or forthwith extracted. The amount of detritus gathered varied from a few grains to an ounce and a quarter. The most rigid after treatment was enjoined in each case.

There has been no recurrence of the trouble in any case except one, in which calculi were periodically escaping from the ureters. This was the fatal case. One patient died, and the cause of his death was pyelo-nephritis, both kidneys and ureters being filled with small calculi. The operation had to be discontinued twice on account of the renal trouble, and death occurred about eight weeks after the suspension of the treatment.

Of the ten patients upon whom lithotomy was performed, one was twenty four years old, and the others were all under ten years of age. The eldest of these was eight years, the youngest two years of age.

Three patients had troublesome cystitis.

One had urethral stricture.

The stone was large in one case, in the others it was of medium size and small.

There were three stones in one case; two in another, and one in each of the remaining eight cases.

Lateral perineal cystotomy was done in five cases.

Lateral section of the anterior half of the prostate, with cystectasy, was done in three cases.

The median operation was performed in two cases.

Fragmentation of the stone was necessary, before extraction could be accomplished, in one case, and in this lateral perineal cystotomy was done. Extraction was not attended with difficulty in any of the other cases.

There was no serious hemorrhage in any case.

The urine was passed at will, from the day of the operation, in four cases.

The urine flowed entirely through the urethra, from the eleventh day after the operation, in one case; from the eighth day in one case; from the fourth day in one case; time not stated in five cases.

In two cases all the urine, from the time of the operation, was passed at will and through the urethra, not a drop escaping by the wound. The wound was healed in twenty-eight days in one case; in twenty days in two cases; in fourteen days in three cases; in ten days in two cases; in seven days in one case; and the date of union of the wound was not stated in one case.

In one case a fistula still exists, through which a few drops of urine escape.

All the patients recovered.

Of the five patients subjected to perineal-lithotrity, one was seventeen, one thirty-seven, one sixty, one seventy-four, and one fifty-two years of age. One had been lithotomized seven years before. They had all long been distressed with cystitis. In one case there were two stones, the four others had only one calculus each. In one case the nucleus of the stone was a piece of glass.

In all the cases the stones were large, the detritus weighing in Case 1, twelve hundred grains; in Case 2, four hundred and eight grains; in Case 3, two hundred and seventy grains; in Case 4, nine hundred and sixty grains; in Case 5, four hundred and nine grains. They consisted all mainly of phosphates.

The perineal incision was made freer than usual, and the bulb of the urethra had to be divided for nearly its whole length in one case. (Case 1.)

In two cases the incision was made in accordance with Dolbeau's directions, and the membranous portion of the urethra only was divided.

In two cases the bistoury was plunged, cutting edge upwards, into the median line of the perinæum, close to the anal margin, until its point entered the groove of the staff, and nearly the whole membranous portion of the urethra cut longitudinally from behind forwards, and the cutaneous incision was completed at one sweep in withdrawing the knife.

In one case, dilatation of the prostatic urethra and neck of the bladder was made partly with a two-bladed dilator, partly with the finger. Dolbeau's six-branched dilator was used in three cases, and the hydraulic dilator in one case.

Fragmentation was made partly with a fenestrated lithotrite, introduced through the normal route, partly with strong forceps passed through the artificial opening, in two cases. Dolbeau's and my own lithoclasts were used in the others.

The stone was hard in one case, and soft in four cases.

Exploration, as recommended by Dolbeau, with small lithotomy forceps, was made in all the cases, and in three instances the stone, being once seized, could not without difficulty, and twice not without considerable delay, be disengaged from the forceps.

Extraction of the detritus was, in all the cases, effected with the lithoclasts, with lithotomy forceps, and with the scoop.

In all the cases frequent vesical injections of cold water had the happy effect of bringing within reach large and small fragments, after the bladder had seemed free from calculous matter.

Contrary to Dolbeau's directions the finger was a number of times introduced into the bladder in every case without giving rise to the least untoward symptom.

The loss of blood did not exceed four ounces in any case.

In one case the urine was passed at will from the day of the operation; in one case within twenty four hours thereafter; and in one case in forty-eight hours. In one case the urine dribbled from the wound for two weeks. In the fatal case the urine also dribbled from the wound, very little occasionally passing through the normal route.

The wound healed in two weeks in two cases. A perineal fistula was established as a precautionary measure against cystitis in one case.

Four patients recovered and one died in a week of pyæmia.

*Medical Record.*

## Salicylic Acid in Acute Rheumatism.

SALICYLIC ACID has recently been received with much favor as a remedy in this painful affection. Hitherto all methods of treatment may be said to have signally failed, the disease apparently in spite of all medication running it natural course. That we have in salicylic acid an article which does influence the course of the affection, seems indisputable from the evidence which has accumulated during the past few months. We have recently had occasion to employ it and can add our testimony to its efficacy. We employed it a few weeks ago on a very marked case. We had treated the patient three years previously for an attack of acute rheumatism, on the colchicum and alkaline plan with very unsatisfactory results, the man not being able to leave his bed for nearly three weeks. In the present instance we were sent for on the second day of the attack, found the temperature 103°, with very severe articular pains in knees, hips and wrists, the slightest attempt at motion being attended with pain almost unbearable. After the administration of a cathartic, he was placed on five-grain doses of salicylic acid every three hours. On visiting him twenty four hours later, we found the

temperature reduced to 100°, and the pain very much alleviated. The dose of the acid was reduced to three grains, and on the subsequent day the temperature was normal and we found the patient sitting up in bed quite free from pain. Convalescence progressed without any drawback. This case was certainly a remarkable one, and very illustrative, but is not less so than a number that have been recorded. Large doses have been noticed by some to be followed by unpleasant heart symptoms We have not noticed any such, and the symptoms noted may have been due to the disease and not the medicine. The careful physician is ever vigilant and should any unusual symptoms manifest themselves it would be judicious to diminish or suspend for a time the doses. Salicylic acid, on the whole, may be regarded as the most reliable remedy yet brought to our knowledge in rheumatism. We use the following formula:

| | | |
|---|---|---|
| ℞. | Salicylic acid, | ʒij. |
| | Powdered gum arabic, | ʒiij. |
| | Sugar, | ℥ss. |
| | Oil of bitter almonds, | gtt jv. |
| | Distilled water, | ℥iij. |
| M. | Sig.—a teaspoonful every three hours. | |

*Peninsular Jour. Med.*

## CORRESPONDENCE.

**From Philadelphia.**

July 18th, 1876.

**To the Editor of The Medical Student:**

DEAR DOCTOR,—The heat is an all-sufficient excuse—102° in the shade, no sleep, practice going on with a rush, etc., will say why "Philos" did not appear as usual. Perhaps you will reply I ought to write red-hot letters, but no, they should be melting ones.

We had our State Medical Society three days; then the American Medical Association nearly a week; and lots of the brethren are lingering yet, unwilling to leave us. We had abundance of room.

Being somewhat of an outsider, I heard opinions here, there, and everywhere; and I believe all passed off well. Both sessions were enormous, and I have heard that the Committees of Publication of both bodies are up to their eyes in valuable MSS, getting it ready for the forthcoming volume.

A word to the wise: All who desire a copy of the volume of the American Medical Association, should send their subscription at once, as the book will be large and valuable, and in consequence of its expensiveness, I understand but a limited number of copies will be printed over the amount necessary to supply the members who pay up. I heard recently that the whole set of volumes is rapidly getting out of print. Those for 1874–75 are entirely gone.

The forthcoming volume will contain the Prize Essay, by Dr. H. Culbertson, of Zanesville, Ohio, "Upon Excision of the Larger Joints of the Extremities," which of itself is immensely valuable, and should be owned by every surgeon, and be on the shelves of every medical library in the civilized world. Then, there are the addresses before the sections, volunteer papers—such as that by Dr. Sayer on the Diseases from curvature of the spine; by Dr. Hewson, of Philadelphia, on Amputation at the Ankle; by Dr. Kedzie, of Michigan, on Natural Purifiers, and Potable Waters. The work will be of large size, and very excellent in quality. I bespeak for it an immense circulation. I am told it cannot be printed save in several volumes.

The receptions, both public and private, were quite a success. Nearly 800 delegates were registered on the books, though this fell short of the anticipations, as I was informed that over that number had signified their intention of being present. Quite a number never presented themselves after reaching Philadelphia, but devoted all their time to the fascinations of the Exhibition.

I am somewhat fearful the same course will be pursued in September at the Congress. Once you enter the gates, you remain until night compels you to leave; and next day finds you eager at an early hour to wander again through the immense buildings and feast on the wonderful display offered to the eye and ear. In spite of the fearful heat, the number of visitors each day has been immense. What will it be in the fall, when cooler days come and crowds will rush lest they lose the opportunity! I anticipate that September, October, and November will see a host of visitors unprecedented.

With the exception of heat-effects, the health of Philadelphia is remarkably good, though scarcely a person is met who does not complain of head-symptoms—the result of the heat.

For some reason unknown, our great sea-side resorts are this year almost deserted. It may be want of money: it was thought the Centennial kept many at home, but after the 4th, no change of importance was observed. Our hosts at the Shore forgetting that their demands for board, etc., should slide down with other matters, have kept prices up to their old war-notch. This is the true and only reason that they have failed to have full houses and busy times. A little more wisdom on their

part would have enabled them to save part at least of the season and something of their anticipated profits. Experientia docet. Literally—experience does it.

In my next, I shall hope to give you the latest from the Arrangements for the Congress, though it is difficult, as the Committee are extremely reticent, and almost entirely refuse information to us reporters.

Yours truly, PHILOS.

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### Letter from New York.

[The following letter, addressed to one of our New York subscribers, was forwarded to us for publication. Should it happen to meet the eye of its author, we beg leave to give notice that there is room on our list for a few more subscribers, and by accepting that opportunity he can avoid second-hand favors. ED.]

New York, July 10th, 1876.

MON CHER AMIE,—Many thanks for the opportunity you afforded me of reading the two letters from New York in the West Virginia MEDICAL STUDENT. Who are the facetious correspondents of the Journal in this city? I say correspondents, for evidently "Stevens" and "Adams" are not one and the same person. The more respectable part of the Profession in New York is under obligations to them. Their application of the name of Adullamites, to those not immediately concerned in the Presbyterian Hospital affair—who volunteered to fight the battles of the malcontents, is extremely happy. If you know who they are, please present my thanks to them for their very effective holding up of the Low ring—(I spell it thus) to the amusement of the honorable men in the profession.

A goodly number of the Profession in this city are very much if not altogether, demoralized; and a little wit and ridicule let off at them occasionally, will be more effective in bringing them back to an honorable and gentlemanly course of life, than would whole chapters of more serious condemnation. To the latter, contentious men would reply—ad infinitum. Make butts of them and they will, perhaps, subside and may carefully avoid further offence. Should the MEDICAL STUDENT'S correspondents in New York transmit other communications to that Journal on professional matters in New York, I would very much like to see them.

Again acknowledging my obligations for the Journals, I remain as ever, my Dear Dr.,

Yours very truly, O. W. ARMSTRONG.

## Note From Dr. Peters.

DEAR DOCTOR:

Dr. Nagle, Register of Vital Statistics of the city of New York, informs me that in 1873, there were 1,551 reported cases of Diphtheria in the city of New York, with 482 deaths, 232 of which were males, and 250 females. In my first article on the "History of Diphtheria in the United States," June No. of the MEDICAL STUDENT, I stated that there were 1,551 deaths instead of cases.

In the same paper, I stated that Dr. Jacobi reported the first case of Diphtheria in New York in 1852. On page 47, of the 1st Volume of the Manuscript report of the Transactions of the Pathological Society of New York, by Dr. Wm. C. Roberts, secretary, I find at the meeting of January 28th, 1846, that I [J. C. P.,] reported the following case of Diphtheritic croup:

"Dr. Peters described a case of Diphtheritic croup, the larynx and trachea being filled with false membranes which were thinnest below. The patient was a little girl between 2 and 3 years old, and had been ill under the care of another physician for several days. She had croupy cough, supposed to be slight and was considered well, with this exception, by her physician on the 8th day. But the symptoms of croup, with quick breathing, and slight attacks of suffocation made their appearance, and Dr. Peters was called in consultation. False membranes on the tonsils and pharynx were looked for and discovered; the little patient became progressively worse, and died in 2 days more."

Reported by the late Wm. C. Roberts, M. D., Secretary of Pathological Society of New York, from 1844 to 1849.

Please make these corrections, and oblige. J. C. PETERS.

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LOCAL TREATMENT OF BURNS.—Of all local applications in the experience of the writer, iodoform, prepared with extract of conium, and spermaceti ointment, with a small portion of carbolic acid, appears to meet the several indications best.

This remedy is also an excellent promotive of healthy action and of the healing process. I have experimented with iodoform ointment in these cases repeatedly, and always with the same pleasant result. The use of this preparation has another advantage: it renders the constant use of anodynes unnecessary. The following formula has been found the best: ℞. Iodoformi, ʒij; Unguent. cetacei, ʒi; Ext. conii, ʒiss; Acid. carbol., x gtt.—M.

This ointment is spread twice daily on soft linen, and applied over the inflamed surface, and then enveloped in oiled silk. No other dressing is necessary. The only objection to the use of this remedy is its peculiar odor. In those cases of burns attended with great dryness of surface from destruction of vitality and want of exhalation, the wound, before being covered with the iodoform ointment, should be coated over with the common linimentum calcis. This affords a soft and moist dressing, which in no wise interferes with the action of the iodoform.

*Phila. Med. Times.*

THE MEDICAL STUDENT.

James E. Reeves, M. D., Editor and Proprietor.

AUGUST, 1876.

## DEATH'S. DOINGS IN WHEELING.

TO charge the frightful mortality in this city during the month of July to the excessive heat of the weather, is not sufficient to account for the extent of death's doings in our midst. Neither should it be offered as one of the reasons for the large mortality in Wheeling for the past two years, that the death-rate in all cities must increase *pari passu* with the increase of population. Nothing, indeed, could be more fallacious than such a proposition.

The death-rate of London 200 years ago, was 1 to 20 of its population; now, with a population more than four times as large, its death-rate is scarcely 1 in 46. It has been the experience of cities in all countries that as improved works of sewerage and water supply go on, and cleanliness is enforced in the streets and alleys and in the houses, and the poor are brought out from the damp of basements and cellars to the light of day, the death-rate falls.

In Wheeling, with a population of 28,000, there were 166 deaths for the quarter ending the 30th of June; a heavy increase over the death-rate for the same months last year: and it was much higher in 1875, notwithstanding the remarkably cool summer, than for the two or three previous years. Last year, there were 18 deaths recorded for May, 32 for June, and 48 for July. This year, the returns show 48 for May, 72 for June, and 91 for July—a death record unprecedented in the city's history.

Thus it is seen that even so early as the month of May 1876, the mortality (48) equalled that of July 1875, and was 30 in excess of the number (18) reported for the same month last year. And yet we have not had to deal with any malignant epidemic disease, and

there has been but one case of death from sun-stroke to point directly to heat effects.

There must, therefore, be some other cause besides the great heat of the season to account for the terrible mortality in the last three months; and it does not, we think, require great energy of observation to discover that *other cause.* It lies surely in the lack of sanitary improvements—the shame of the city, such as unpaved and muddy, or dusty streets; alleys reeking with all manner of garbage and other filth; inadequate sewerage; stinking gutters; choking gases from open and overflowing privy vaults and untrapped sewers. These inexcusable defects, which are the active factors of disease and death, are chargeable to the City government—to the failure of the Councils to comprehend the demands of the rapidly increasing population of the city, to be up to the spirit of the age, and to profit by the warnings of the past. Who can wonder at the 91 deaths in Wheeling last month, when it is told that the garbage carts stopped their rounds the 1st of March, and were not put on again, because of the wrangling in Councils about the letting of the contract, until the 1st of June! Is it strange that the refuse from a population of 28,000, thrown into the unpaved streets and alleys for the space of three months at a season of the year most favorable for corruption, should promptly produce an abundant harvest of sickness and death? In a word, that the mortality should reach 48 in May, 72 in June, and 91 in July? certainly not.

It is ascertained that there are about twenty-five cases of illness, on the average, which incapacitates for labor, to one death. According to this rule, then during the quarter ending June 30th, there were 4,150 cases of sickness; and in the month of July alone there were 2,275 persons sick in Wheeling!

To this, add the suffering on beds of sickness from preventable causes, the bereavement, the utter wretchedness consequent upon such a waste of health and destruction of human life; the sum of doctors', druggists', and undertakers' bills, and we have the cost of the sanitary neglect of the city.

Besides these manifest causes of sickness and death, there are several concealed influences which, during the heated term, have no doubt, been potent for evil. These refer to the supply of impure ice, tainted meats, and stale vegetables. The winter of 1874–5 was exceedingly severe, and the ice-crop was the largest for many years.

Wheeling creek was stripped from Fulton to the Ohio river, regardless of the refuse habitually thrown into it from the slaughter-houses, oil-refineries, gas-works, etc., situated along its banks, and the emptying of sewage into it from the Third and Fourth wards. The ice from this impure field was housed under the excuse to supply soda-fountains, beer-saloons, meat-shops, and fill undertakers' orders. The summer of 1875 was so cool that but little ice was used for any purpose. Last winter, because of the open weather throughout, there was nothing added to the stock on hand from the previous winter. Hence the inducement this summer, to deal out to families the ice obtained from the noxious field about the mouth of Wheeling creek; and it may have carried disease and death into many families.

The sale of tainted meats and stale vegetables has also, no doubt, helped to swell the death-rate of Wheeling, and this traffic along with other evils must go on until the City Fathers rise to the level of seeing the necessity of efficient, scientific health surveillance over all such matters.

As an example of a well-governed, healthy city, we point to Providence, R. I. With its 100,700 population, the total mortality for the week ending July 1st, was 26—the same number exactly of the average weekly mortality in Wheeling (with only 28,000 souls), for three weeks ending July 21st. There were 138 deaths in Providence during the month of May, or 20 *less* than in the preceding month, and 9 *less* than in May 1875. Here, in the little city of Wheeling, the mortality ran up to 48 in May, or a little more than one-third of the mortality in Providence, and 30 *more* than in the same month last year.

There is no reason why Wheeling should not be made one of the healthiest cities of its size in the United States. Its natural advantages, such as excellent surface drainage, etc., are above the average of American cities. The 28,000 population are not crowded or shut up in tenement houses on narrow streets, and denied sufficient breathing space. In fact, there are but few tenements to be found in which even as many as four families are housed. The people are industrious, principally engaged in manufactures, and at least three-fourths of them live in their own houses. Were the contrary of all these things to exist—unfavorable topography, defective surface drainage, poverty of the people, indolence, and crowding—the "slaughter of innocents" would be far more alarming than at present at all seasons.

The Health Officer has, no doubt, done the best he could to preserve the public health; but his powers are not in proportion to the disadvantages which environ him. The Health Committee have also, for aught we know, done their duty; but their wisest and most serious recommendations have not been approved by Councils. Several months since the Health Officer made an important communication to Councils on the sanitary condition of the city. That report received the approval of the Committee on Health, and it was sent in to Councils with the recommendation that 5,000 copies be printed, at a cost not exceeding $30, for distribution among the people. The recommendation to print was not only rejected, but even the reading of the paper in Councils was refused.

Close upon the heels of this action be it recorded, for the edification of future councils, that the City Fathers, in 1876, voted an appropriation of $600 for the purchase of Fire-works to be shot off on the night of the Fourth of July!—a display on a damp, starless night, which besides the main design of celebrating the Nation's Centennial, made merriment over the dying and the dead!

——International Medical Congress.—The International Medical Congress will be formally opened at noon on Monday the 4th day of September.

The sessions of the Congress and of its Sections will be held in the University of Pennsylvania, Locust and Thirty fourth Streets.

The General Meetings will be held daily, from 10 to 1 o'clock. The Sections will meet at 2 o'clock.

Luncheon for members of the Congress will be served daily in the University building from 1 to 2 o'clock.

On Wednesday evening, September 6th, Dr. J. J. Woodward, U. S. A., will address the Congress on the Scientific Work of the Surgeon-General's Bureau.

The Public Dinner of the Congress will be given on Thursday evening, September 7th, at 7 o'clock.

The Registration book will be open daily from Thursday, August 31st, to Saturday, September 2d, inclusive, from 12 to 3 P. M., in the Hall of the College of Physicians, N. E. corner of Thirteenth and Locust Streets, and at the University of Pennsylvania on Monday, September 4th, from 9 to 12 M., and daily thereafter from 9 to 10 A. M. Credentials must in every case be presented.

Letters addressed to the Members of the Congress, to the care of the College of Physicians, N. E. corner Locust and Thirteenth Streets, Philadelphia, during the week of meeting will be delivered at the University of Pennsylvania.

The Secretaries of State and Territorial Medical Societies are requested to forward without delay to the Chairman of the Committee on Credentials, I. MINIS HAYS, M. D., 1607 Locust St., Philadelphia, lists of their duly accredited delegates to the Congress.

Delegates and visitors intending to attend the Congress are earnestly requested individually to notify immediately the same Committee.

This information is desired to facilitate registration, and to ensure proper accommodation for the Congress.

Members intending to participate in the Public (subscription) Dinner of the Congress will please notify the Secretary of the Committee on Entertainment, J. Ewing Mears, M. D., 1429 Walnut Street, Philadelphia.

☞Gentlemen intending to make communications upon scientific subjects, or to participate in any of the debates, will please notify the Commission before the fifteenth of August.

——A LONG-DELAYED WORK BEGUN.—The first volume of the Transactions of the New York Pathological Society is promised early in the coming autumn. The Society was founded in 1844—thirty-two years ago—and now for the first time publishes its transactions in book form. The archives of the Society are said to be reasonably complete, the successive secretaries having performed their work so well, that nothing remains for the editor, Dr. John C. Peters, to perform but the heavy task of condensing, pruning, and arranging the vast accumulation of valuable material for the compositor. The work will be issued from the publishing house of Wm. Wood & Co., in handsome binding, at the price of $3.00 per volume.

——THE OHIO MEDICAL RECORDER.—We have had the pleasure, since our last issue, of adding this new candidate for professional favor to our exchange list. The *Recorder* is handsomely printed, and ably edited by Professors J. W. Hamilton, M. D., and J. F. Baldwin, M. D., members of the Faculty of Columbus Medical College.

The first, or June No., opens with a most interesting paper on "Foreign Bodies in the Air Passages," by the senior editor, Dr. Hamilton. It is a monthly—price $2.00 per year.

——UNIVERSITY OF PENNSYLVANIA—DR. CARSON'S SUCCESSOR.—Dr. Horatio C. Wood, editor of the *Phila. Med. Times*, has been appointed to the chair of Materia Medica in this time-honored Medical School. Dr. Carson's retirement, after a service of forty years, was on account of ill health.

——A Spirit's Opinion of the Value of Coal-Oil in Surgery. Several weeks since an old lady in Wheeling, belonging to the *Spiritual* faith, fell from her door-step and sustained serious injury of the right elbow—probably fracture of the olecranon. The family physician was called, but she would not permit him to make an effort to understand the nature of her injury. After giving her full notice of what she might probably expect as the penalty of her timidity—a stiff joint and a crippled arm for life—he left her. Finding no relief after several days' employment of various liniments, she consulted a *Spiritual Medium*, and received the following reply in writing:

"You have no bones broken. Saturate flannel in coal-oil and wrap your joints and every where you are bruised. You are terribly wrenched, but no joints out."

Signed, "Mrs. * *"

The *Medium's* prescription did no good,—she has a permanently crippled arm.

——Read Announcements of Medical Colleges, in the advertising pages of this issue.

——To Delinquents.—A few of our subscribers have forgotten to send us the $2.00 due on the receipt of the first number of the Student. These friends will please remit the sum, so long due, without further delay.

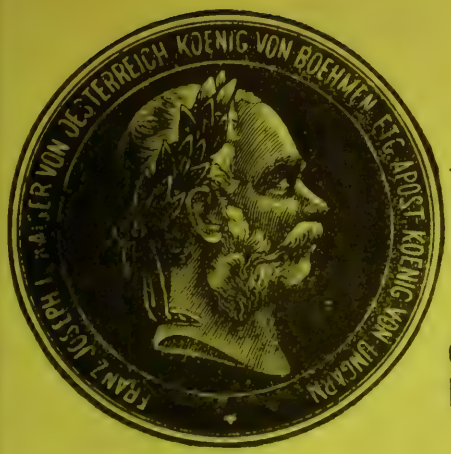
## PUBLICATIONS RECEIVED.

Atlas of Skin Diseases.—(Part First.) By Louis A. Duhring, M. D. From J. B. Lippincott & Co., Publishers, Phila., through Stanton & Davenport, Booksellers, Wheeling.
Further notice hereafter of this beautiful and valuable work.

Theory of Medical Science.—By William R. Dunham, M. D. From James Campbell, Publisher, Boston.
Further notice to be made.

Ready Reference List for Physicians, 1876. By Richard J. Dunglison.
This is a convenient and valuable hand-book for physicians, druggists, etc.

Gastrotomy and Gastrostomy. By Prof. J. H. Pooley, M. D.

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JAMES E. REEVES, M. D., Editor and Proprietor.

*SEPTEMBER, 1876.*

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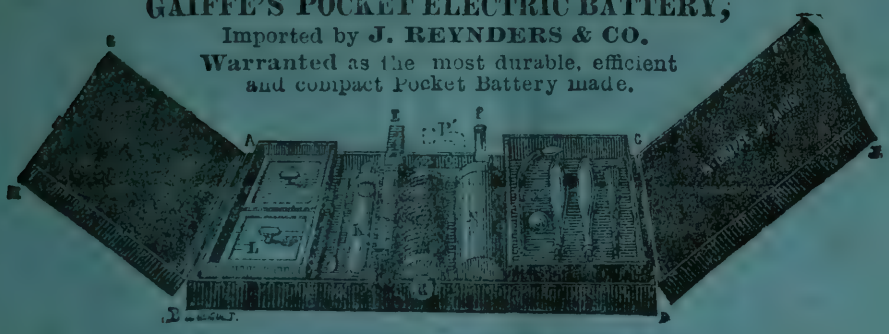

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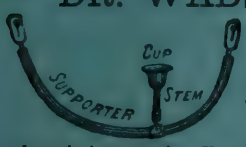


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Vol. I. WHEELING, SEPTEMBER, 1876. No. 11.

## Original Communications.

### Art. I.—NOTES ON THE EARLY HISTORY OF DIPHTHERIA IN THE UNITED STATES.

By DR. JOHN C. PETERS, of New York,
Vice-President of the Public Health Association of the city of New-York.

PAPER No. 4.

BY the kindness of Dr. S. S. Purple, President of the New York Academy of Medicine, I have also had access to the *brochure* of Dr. Douglass. Dr. Purple's copy is regarded as the only one now supposed to be in existence, and is treasured as a very great prize. It is certainly the only copy that is known to be in the city of New York. It is entitled:

"*The Practical History of a New Epidemical Eruptive Miliary Fever with an Angina Ulcusculosa, which prevailed in Boston, New England, in the years* 1735 *and* 1736. By WILLIAM DOUGLASS, M. D."

It is dedicated to the Medical Society of Boston, of which Dr. Douglass was a member; and he tells us that his colleagues had been fellow-laborers in the management of the distemper and were competent judges of his treatise; as they had invited him to see most of their difficult and extraordinary cases.

He says: "In 1735, the distemper continued to spread and pre-

vail in several townships in this and the neighboring provinces, and he had made minute clinical inquiry during many months of diligent observation of most the varieties of the disease which occurred in this distemper."

It had almost subsided in Boston in 1736, but during its continuance he could not well have attended more patients than he then had under his care; and make the proper observations and reflections at the same time. He hoped that other medical gentlemen in the different provinces and colonies would publish some account of its appearance with them, in order to discover what influences the progress of time, and the varieties of soil and climate had in producing the different appearances which it presented.

He says: "It was first noticed in Kingston township, on the 20th of March, 1735, about 50 miles eastward of Boston. As this was an inland place of no considerable trade, or importance, it was thought, (incorrectly perhaps) to be of indigenous origin, and not of foreign importation."

"The first victim was a child who died in 3 days; and about a week after, 3 children were seized in another family 4 miles distant; and they also died on the 3d day. It continued spreading gradually, seizing here and there particular families, with that degree of violence, that of the first 40 cases, none recovered.

"It was commonly called the *throat illness*, or the *Plague in the throat*, and alarmed the Provinces of New England very much. Some of the patients died of a sudden acute necrosis, or mortification; but most of them were carried off by a sympathetic affection of the fauces, neck, or air-passages; or, by an infiltration and tumefaction of the chops, and forepart of the neck, which became so enlarged and turgid as to bring upon a level all parts lying between the chin and sternum, occasioning a strangulation of the patient in a very short time." [*Secondary Parotitis of Diphtheria*, or perhaps of scarlet fever, in which the lymphatic glands lying around and upon the parotid gland, also swell up and render the diagnosis difficult. This so-called secondary or metastatic parotitis, according to Vogel, always arises by absorption from pernicious affections of the deeper structures of the mouth or throat. J. C. P.]

"After a few weeks, it spread (by infection or contagion) from Kingston to the neighboring townships, but in a milder form. No reasons could be given for this greater malignity in Kingston, except,

perhaps, the prevalence of damp places near large ponds, and fresh water, but sluggish streams, like in those localities which produce the *rot* in sheep. There may also have been bad medical treatment.

"Its first recognized appearance in Boston was on the 20th of August, 1735, in a child of Captain Stanny's, at the north end of the city, who had *white specks in the throat*, and a cutaneous efflorescence, [like that of mild scarlet fever.] A few more in the same neighborhood were seized in like manner, about the same time. Towards the end of September it appeared in several parts of the town of Boston, with more decided complaint of soreness of the throat. The tonsils were swelled and specked; the uvula was relaxed; there was slight fever, and an erysipelas or scarlet fever-like efflorescence on the neck, chest, and extremities. But these cases [like those of scarlatina mitior] having no fatal or bad consequences, were supposed to arise [not from contagion, or infection,] but from cold, or some other slight disturbance. [*Follicular Tonsillitis.*]

"The first alarming case was in the beginning of October, in a young man named How, and aged 20 years. He had lately arrived from Exeter, to the eastward of Boston [like Kingston] where his brother had died of the same illness. His symptoms were great prostration of strength, *a single speck on one of his tonsils*, and colliquative sweats. His pulse was not high and full, but low, hard and stringy, and both more unequal and frequent than natural. His deglutition was unaffected the last; there was no sphacelation of his throat; *and no eruption whatever.* He was thrice let blood; had some emetics and cathartics; and by these profuse evacuations [and the malignity of his disease] was gradually reduced so, as to die of a gentle decay of his natural strength, on the 6th day of his illness." [This seems to have been a case of POST-UVULAR DIPHTHERIA, for Vogel says: "In some few cases a redness and slight swelling of the fauces only are noticeable; and yet all the subjective symptoms of diphtheria may be present. Here we have to deal with a diphtheria of the *posterior* surfaces of the uvula, soft palate and of the nasal cavities, as may be demonstrated by elevating the soft-palate with a forceps, which can generally only be accomplished in adults." Vogel has often convinced himself at post mortem examinations, that the anterior surface of the soft-palate may remain perfectly free from exudation, while the posterior, on the contrary, may be coated with false-membrane. J. C. P.]

This was the first recorded fatal case of diphtheria in Boston. "In the beginning of November it spread considerably, especially among children, with more violent symptoms than in August; but it is said that only several persons died of it at varying periods of the disease. But it increased during the winter up to the second week in March, 1736; when it was at its height, there being 24 burials in all, during the week; while in common years, at that season, there were only 9 or 10 interments per week; so that it caused 14 or 15 deaths per week more, than is common in that month.

"The disease was so much milder in Boston than in some of the townships, where it first prevailed, that many could not be persuaded that it was the same disorder." Dr. Douglass, nevertheless, thought that these differences were merely varieties of the same pestilence, as there was no symptom, even the most malignant, that had previously been noticed in the epidemics in New Hampshire, but what the like had also occasionally appeared in Boston. He thought that the dry (?) and healthy air of that city, the good feeding and the better constitutions of the citizens who were less scrofulous, scorbutic and *psorick*, [or scabby and salt-rheumy] than those of the country people who lived upon pork and other pickled provisions, together with the better medical management of the sick, accounted for the difference in the results of the cases."

Thus, it will be seen that Diphtheria and Scarlet Fever had already appeared in New Hampshire. I will further elucidate this point in another communication.—J. C. P.

Dr. Douglass repeats that the reasons for its greater fatality in other towns and townships might be the greater dampness caused by the extensive wood-lands, the fresh-water ponds, swamps and damps; the coarse food of the country people, and their prevalent salt-pork diet, which caused the scorbutic or *Psoric* constitution of the land-folks, which was then the *principal endemial distemperature*, or disorder of the inhabitants of New England. He also lays stress upon their bad and unwholesome dwellings, and their bad drainage as increasing the malignity of the disorder; while he becomes quite energetic when he alludes to the mischievous practice of treating the patients by profuse evacuations, *whereby the laudable and salutary or critical eruption became so suppressed and perverted as to be* NOTICED ONLY IN A FEW; while the great debility and prostration of strength peculiar to the distemper was so much increased as to render nature over-

matched by the assaults of the disease and the doctors; by its consequences, and their mismanagement.

Hence, Dr. Douglass says: "to the eastward of Boston, at times, 1 in 3 died; in other places, 1 in 4; and in scarce any towns, less than 1 in 6; whereas in Boston not above 1 in 35 succumbed."

It becomes very evident now, that Dr. Douglass had met with many cases of false-diphtheria, or follicular tonsillitis, and with some cases of mild scarlet fever, or scarlatina mitior, which, at that early period, he was not able—unlike our immortal BARD—to diagnose from true, severe, or malignant diphtheria. Still, he says "there were many varieties or degrees of the pestilence, varying from the most gentle and benign, to the most malignant."

[*To be continued.*]

## Art. 2.—THE TREATMENT OF TYPHOID FEVER.

**By DR. FLEMING HOWELL, Arnettsville, W. Va.**

IN preparing for the July No. of the MEDICAL STUDENT, my report of the recent "Typhoid Fever Epidemic at Arnettsville," I embodied what I thought would be most interesting to the profession, and did not expect to pursue the subject farther. But since then, in compliance with special requests, I have concluded to venture a brief report of the general plan of treatment adopted.

In my previous report I touched upon the hygienic management. Experience soon led me to ascribe very little less importance to this than to the medical treatment proper. The plan was purely expectant—using as little medicine as possible—employed no so-called specifics—no routine practice, but kept general principles in view, watching sedulously the "tendency to death," in order to render nature timely assistance.

In taking charge of cases, where the choice could be made, rooms large and airy, and as far removed as possible from noise, were selected for the patient; and great cleanliness enjoined throughout. In the severe cases, all company, not excepting the unnecessary presence of relatives and friends, was excluded and the nurses rigidly impressed with the importance and responsibility of their charge.

During the first few days of the illness, dilute sulphuric acid, as recommended by Prof. Flint, was employed. But some of the cases took only demulcents and did as well as those who had the acid. Slippery-elm water, from the first and as long as the tendency to diarrhœa existed, was prescribed. During the second week, or after sordes had commenced to collect upon the lips and teeth, the chlorate of potassa was given, and is, perhaps, physiologically indicated in this stage of the disease by its oxidizing influence upon the contaminated condition of the blood, in addition to its other corrective and tonic effects.

As diaphoretics, ipecac, sweet spirit of nitre and spiritus mindereri, separately or combined, as the indications seemed to require, were employed. Beyond this, the management resolved itself into the treatment of special symptoms,—to promote or control the action of the bowels; moderate vascular and nervous excitement and thus reduce the temperature; support the natural powers, and forestall and combat dangerous tendencies and complications.

In the earlier part of the epidemic, when the case seemed to require it, a laxative was first given; but later, the indications had to be very plain, indeed, before venturing to interfere at all in this respect. Diarrhœa could generally be kept within moderate bounds by means of opiates in small doses, and for this purpose Dover's powder was uniformly used. When this failed, as it did in a few instances, equal disappointment followed the employment of other medicines.

To allay the vascular and nervous excitement, and reduce the temperature, cold *douching* of the head, after the hair had been closely cut, with tepid or cool sponging of the general surface, was practiced. This resort was commenced as soon as the fever was found to be rising, and it was repeated at longer or shorter intervals, until there was a notable depression of the temperature. Never, if it could be avoided, was an exacerbation of the fever-heat permitted to go unabated.

The temperature of the first sponge-bath, to which a little bi-carbonate of soda was added, was about 97° Fah., and afterwards gradually lowered as the patient could bear without being chilled, or as his comfort indicated. For the douching, the coldest water that could be obtained was employed.

Extreme vigilance and perseverance in the use of these means was exercised to prevent a temperature above 105°, and equally (because

it proved to be not the less dangerous), to prevent a longer continued pyrexia of proportionate intensity. This plan of slow and moderate cooling is in accordance with the recommendations of Niemeyer and other recent authorities who claim, from observation and experiment, that a great and sudden abstraction of heat is followed sooner by a higher reaction than a more gradual and moderate reduction, and also that this energetic reduction and consequent violent reaction increases the heat-production. Sponging at night with tepid water and whisky, had a tranquillizing effect, and sometimes entirely relieved the restlessness and vigilance; but this means had often to be supplemented by a full anodyne dose to prevent the patient passing a sleepless night.

Excessive nervous excitability was best controlled by means of camphor and the compound spirit of ether, combined with the anodyne; and in those cases in which, from the violence of the disease, the nerve-centres were almost overwhelmed, as shown by the irregular, catching-respiration, and other significant phenomena, the bromide of potassium seemed to be especially applicable and did good in the treatment.

Tympanitis ordinarily yielded promptly to hop-water fomentations; but occasionally, in addition to these—when the abdominal symptoms were particularly marked, and the tongue dry, instead of giving the oil of turpentine, according to the teachings of Dr. Wood, it was employed with apparently good effects in the form of stupes to the abdomen, as hot as could well be borne. When the abdominal symptoms became rather chronic—for example, after relapses, or after the disease had continued a long time, the administration of the nitrate of silver seemed to have a good effect.

Alcoholic stimulants were required in most of the severe cases, in quantity varying from a tea-spoonful every 3 or 4 hours, to, in a few desperate cases, a fluid ounce every hour. Their employment was commenced as soon as there was evident enfeeblement of the circulation, denoted by the state of the pulse, and the heart-sounds. But it could not always be told in advance, in any case, until they had been cautiously tried, that they would be useful. In one case, particularly, in which there was a decidedly feeble first heart-sound and evident failure of the vital powers, the dose of alcohol even when administered in very small quantities, produced intense excitement, and had for that reason to be entirely suspended. On the morning

of the second day from this time, the patient was found with the first-sound of the heart entirely inappreciable. Stimulants were again resorted to, and this time with perfectly satisfactory result.

Quinine was employed as a tonic, whenever it seemed to be required during the decline of fever, combined with the aromatic sulph. acid, the latter in large or small doses according as the perspirations were excessive or not.

Food in liquid form was given throughout, as freely as could be assimilated, or the stomach would receive. For the first few days from the date of attack, farinaceous and starchy articles of diet were allowed. After this, then came milk, animal essences, and at times eggs were added in such quantity as was indicated by the degree of exhaustion of the patient. When stimulants were resorted to, they ordinarily consisted of milk punch, wine-whey, egg-nog, etc.

Solid food, beyond bread with boiled-milk, was withheld until convalescence was safely established, and the persistingly inactive bowels (which condition almost uniformly sat in after the period of decline of the fever) was not interfered with unless absolutely necessary; and even then, nothing beyond simple clysters were employed. Cases very commonly went from 2 to 3 weeks without an evacuation from the bowels; and one case went 23 days, and did exceedingly well all that time.

There were numerous accidents and complicacions the treatment of which cannot here be given without remining to too great a length. It is sufficient to say that in all conditions of cases, debilitating measures were carefully avoided, and the husbanding of the strength of the patient made the first and paramount consideration.

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## Proceedings of the Alleghany County (Md.,) Medical Society.

Reported by WARDLAW MCGILL, M. D., Corresponding Secretary.

THE Alleghany County Medical Society held its regular monthly meeting in Frostburg, Md.,—22 members being present.

An election of officers for the ensuing year having been held, the following gentlemen were selected:

*President*—Dr. A. Gerstell.

*Vice-President*—Dr. Geo. B. Fundenburg.

*Librarian*—Dr. I. M. Green.

*Recording Secretary and Treasurer*—Dr. S. H. Fundenburg.

*Corresponding Secretary*—Dr. Wardlaw McGill.

Dr. W. W. Wiley was duly elected a member.

Dr. Geo. B. Fundenburg read the history of three cases: 1st—A tumor, of fourteen years' standing, of the size and shape of a large cocoa-nut, containing at least a pint of a dark-colored albuminous fluid, and attached by a broad pedicle to the vaginal orifice above the urethra. The tumor was successfully removed.

2—Obstinate hemorrhage from an ulcer, situated upon the os-uteri, caused by a bodkin used for the purpose of producing abortion. The patient was cured by cauterization with chromic acid.

3d—A case of metrorrhagia of four months' standing, the consequence of abortion. All the ordinary means, in the hands of her physician having failed to check the hemorrhage, Dr. Fundenburg thoroughly swabbed the internal surface of the womb with Monsell's solution. As the womb was sharply retro-flexed, and by that means retaining the effused fluids, and preventing involution, strict recumbency, with the front of the body downward, cold hip-baths, and ergot given by the mouth, were the means employed, resulting in the recovery of the patient in ten days.

Dr. W. I. Craigen read the history of a case of encephaloid cancer of the womb. In connection with report of this case, he made some remarks about the use of caustics in preference to the use of the knife in the treatment of cancers.

Dr. C. N. Getzendanner reported a case of vomiting during pregnancy which was relieved by one-drop doses of wine of ipecac after all other remedies had failed.

Dr. C. H. Ohr exhibited a specimen of a stone removed by him a few days before, from the bladder of a man. It measured 2½ inches in length—1⅝ inches in one diameter, 1¼ inches in the other diameter. Prof. Nathan R. Smith's lithotome was used in the operation. The patient is in a fair way to recover.

Dr. Engler presented a case of disease of the ankle joint, resulting in Talipes Equinus, which was operated upon by Prof. Christopher Johnson, M. D., of Baltimore. The operation consisted in sawing out a V shaped piece from the tibia and dividing the Tendo-Achilles. Patient, with the aid of a raised shoe, walks quite well.

Dr. J. M. Porter presented a case of tumor situated upon the neck of a child. He considered it a "venous tumor." There was a dif-

ference of opinion in the Society as to its character. Unfortunately before the case was tested, the child had been removed.

After the usual routine of business, the Society adjourned.

## SELECTIONS.

### Rigidity of the Os Uteri overcome in Obstetric Practice.

I WAS deeply interested in an able article from the pen of Philip Adolphus, M. D., in the April number of THE CHICAGO MEDICAL JOURNAL AND EXAMINER, on the "Relative position of Chloroform, Sulphuric Ether and Sulphate of Morphia in Obstetric Practice."

For eleven years, obstetrics and diseases of women have been almost a specialty in my practice; and for the past two years I have entirely discontinued the use of chloroform, with one exceptional case, considering chloral hydrate in every way preferable. Taken in combination with Doveri pulv., or liq. Doveri, I have overcome the (apparently) most obstinate cases of rigidity of the os uteri

The exceptional case, in which I tried to administer chloroform, was that of a lady twenty-seven years of age pregnant with her third child. The husband came in great haste, saying his wife was flowing to death, and was delirious, with incessant pain. I had attended the lady in both her previous confinements, and she had no unusual amount of suffering nor abnormal symptoms. At this time, I found her delirious and in irregular spasms. Attempted the administration of chloroform, but owing to the dusky appearance of the countenance and impeded respiration, had to desist. On digital examination, found os uteri rigid and dilated, but sufficient to admit tip of index finger. With every pain, which was as often as three, and two and a half minutes, was a profuse gush of blood. Gave ʒj of Squibb's fld. ex. ergota, chloral hydr. grs. x. In fifteen minutes the pains were less convulsive and frequent, and flow greatly moderated. But the rigidity of os remaining the same, and pains occurring every five minutes, with no perceptible increase of dilatation, gave Dover's pulv. in connection with chloral hydr. I have *never* failed, in using this remedy, and think it preferable to morphia, as consciousness and sensibility are not destroyed, and it has the relax-

ing properties of the ipecac. After giving two doses of the following formula: chloral hydrate, ʒj; liq. Doveri, ʒjss; syr. cinn. ℥j; M. sig. a teaspoonful, at intervals of thirty minutes, the attendants ceased controlling the lady's movements and she broke out into a profuse perspiration, at the same time quietly sleeping between the pains. In one hour, gave the third and last dose (I rarely give over two). In twenty minutes following, after a pain from which she indifferently roused, she said, "*there*, Dr." I slipped my hand under the sheet and found on the bed a five and a half month's fœtus, with membranes entire and unruptured, the lady had not changed her position, and continued to sleep sweetly. She made a good recovery; had abundance of milk without any febrile symptoms.

In former years, found ipecac pulv. grs. ij, every twenty minutes good in relaxing the rigidity of os uteri, especially in primpara labors; but it failed in allaying the irritability and extreme restlessness attending such cases. Even when administered with chloral hydrate, it has not the happy effect that Dover's powder has. For convenience the liq. Doveri (m. j, being equal to gr.j pulv.) is to be preferred. Where there are no spasmodic symptoms, the Dover's powder is sufficient *without the chloral*, and I prefer to use it so; and in using it have no occasion for ergota except to control hemorrhage, *i. e.* in uncomplicated rigidity of os uteri. If pains are *inefficient* I substitute quinia for ergota. And in using the chloral hydr. and liq. Doveri combined, have not needed instrumental assistance, on an average once in five hundred cases—in fact, never with a normal pelvis.

Was called to a primpara labor, as was supposed. Lady in spasms, face contorted and tongue filling the mouth, which was partly open and drawn to one side. Gave ʒij of the prescription per rectum. Examined and found os rigid with no dilation perceptible. In twenty minutes the lady called for a drink of water, and seeing me, said, "Dr., am I going to be sick?" I inquired as to pain—she had had no pain, bowels free, appetite good, but could not sleep. Ordered the prescription every four hours, with warm foot bath. She continued the medicine for seven days, saying, "As long as I take the medicine I am all right, but if I go over the four hours the spells come on." At the expiration of seven days was sent for—she met me smiling, and said, "I feel some pain, but not very bad, in my back." In one hour she was delivered of a fine boy, average weight,

and her first expression was, "I was not *much* sick after all." Continued the medicine three days—made a good recovery.

It is unnecessary to relate instances, but the fact is before me all the time, not only in parturition, but in my office practice, for the advantages of exploration, removal of polypi or other uterine tumors, the relaxing and sustaining properties of Dover's powder, with or without chloral hydr., as the case requires, are almost indispensable. It does not interfere with the appetite, and seldom with digestion, and its relaxing properties extend to the sphincter vaginæ, and with the usual support *I never have had a lacerated perinæum.* And there is no excitement, congestion nor increased circulation, but labor is made endurable, shorter, safer and more satisfactory. After-pains are controlled, and no complications of inflammations or lacerations as a sequel. Idiosyncrasy precluding opium, or morphia, will accept gratefully DOVER'S POWDER.—By A SUBSCRIBER.

*Chicago Med. Jour. & Examiner.*

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## Collapse from Post-partum Hemorrhage treated successfully by Subcutaneous Injection of Ether.

By A. V. MACAN, M.B.

IN reading the works of the older writers on midwifery, it has often occurred to me that cases of serious post-partum hæmorrhage were much more common in the "good old days" than they are at present. This, if true, is probably due to the increased attention now paid to the preventive treatment of post-partum hæmorrhage, an able paper on which subject was read before this Society in December, 1873, by Dr. M'Clintock. Still post-partum hæmorrhage will now and then occur, no matter what care is taken or skill exercised to avert it; and though by the free use of brandy and the timely injection of the perchloride of iron we can generally prevent the occurrence of syncope, still, should it occur, the administration of brandy becomes not only useless, but positively injurious, and unless we can by other means rouse the patient from unconsciousness, death usually soon renders any further interference unnecessary.

In such cases Professor V. Hecker, of Munich, has used the subcutaneous injection of ether with marked success, and recommends it strongly to the profession. The importance of the subject, the re-

spect due to such a high authority, and the fact that cases in which this treatment can be put to the test happen but rarely in the practice of any one individual, must be my excuse for bringing a single case, and that perhaps an exceptionally favourable one, under the notice of this Society, without waiting to see whether further experience would, or would not, confirm the results obtained in this instance.

At 8 P.M. on December 2nd, 1875, I was requested by Mr. Kilbride, then one of the intern pupils of the Rotunda Hospital, to visit a case of tedious face presentation, at 22, Temple Bar, off Fleet Street. The history of the case, as communicated to me by him, was as follows:—

CASE.—Mary Ellis, aged thirty-three, eleventh pregnancy. Has had four children at the full time, followed by four miscarriages, which caused her to seek medical advice. As well as could be gathered from her account, she was suffering from ulceration of the os. Six months after she was cured she again became pregnant, and the child, which she carried to the full time, is now about two years old.

She enjoyed good health during the present pregnancy till within nine weeks of her full time, when she began to complain of a gnawing pain in the lumbar and hypochondriac regions. This was accompanied with great irritability of stomach, and a marked decrease in the amount of urine secreted—the abdomen being very much larger than in any of her former pregnancies.

Her labour commenced on December 1st, about 7 P. M., the first stage being very long and tedious, the uterus being greatly over-distended by hydrops amnii. At noon on the second, the os being nearly fully dilated, and the labour almost at a stand-still, the membranes were ruptured by Mr. Kilbride, and two gallons or more of liquor amnii allowed to escape. This gave great relief, though at first she felt a little faint. The uterus, however, remained in a state of complete inertia from that time till 8 o'clock P. M., though all the ordinary means, such as change of position, walking about, and a stimulating enema, were used to excite it to contract. It was on account of the uterine inertia that I was requested to see her, no serious difficulty being anticipated from the unusual presentation. However, when I arrived at about 8 o'clock she was up and walking about, being very cheery about herself, for the bearing-down pains

had just commenced, and she said she was never very long once they had set in in earnest.

On making a vaginal examination, the first parts that met the finger were the eyelids, which seemed unusually swollen. This did not astonish me much, as it was now eight hours since the membranes had been ruptured. On passing the finger backwards and towards the right side, I was able to recognise a very small nose, but I could not make out either the mouth or chin. I thought, therefore, it must be a case of brow presentation; but on passing the finger forwards and to the left in search of the anterior fontanelle, my finger came on a pulpy mass, which I at the time took for the caput succedaneum. On passing the finger between this and the pubes I almost at once came on an ear, which felt flatter and thicker than usual. Just behind the ear was a large bony projection, which felt like an elbow; and on passing the finger still further towards the left acetabulum, I felt the fœtus give a most violent kick. This movement of the fœtus was so marked that it had been noticed by almost every gentleman who examined the case. On passing the finger further round the presentation, it almost at once encountered the other ear, which was also thicker and flatter than usual. I now endeavoured to pass my fingers up at the sides, but they impinged against an irregular mass, the several component parts of which I could not recognise. The above peculiarities were so well marked that I was at once able to say I had never felt anything similar before; but it was not till after some thought that I came to the conclusion that the face of an anencephalous fœtus was presenting. This idea, when once entertained, was strengthened by the fact of there having been hydrops amnii, which showed that the ovum was to a certain extent unhealthy.

As the question of diagnosis would be very important, if from any cause we were called upon to deliver artificially, it may be well briefly to recapitulate the points on which it was principally founded. The most striking of all was the peculiar feel of the mastoid processes; next to this came the shape of the ears and the short distance between them; and lastly, the violent movements of the fœtus when the finger was passed from one mastoid process to the other, which was caused by irritation of the exposed portion of the medulla oblongata. By this symptom alone Tarnier has been able to diagnose the deformity even before the rupture of the membranes. If to

these be added the hydrops amnii, a condition usually accompanying this deformity, no doubt can remain as to the nature of the case.

In the present instance, as there was no indication for immediate delivery, and as uterine action was getting stronger, I left the case in charge of Mr. Kilbride, giving directions to be sent for in two hours if the labour had not made good progress. At eleven o'clock P.M a messenger arrived to say that the child had been born at about half past ten, and that its birth had been followed by uterine inertia, with its usual concomitants—post partum hæmorrhage and retained placenta. On my arrival at 11.20 P.M. I found the woman with all the symptoms of severe post partum hæmorrhage, her pulse being 140, and scarcely perceptible. On making inquiries I was told that a large quantity of blood—more than a pint—had escaped immediately after the birth of the child, and that since that time, which was about an hour, large clots had been expelled at intervals, though every means had been used to excite contraction.

On placing my hand over the abdomen I found the uterus large, soft, and flabby, and reaching fully to the umbilicus. On making firm pressure over the fundus some clots were expelled, but the placenta did not move in the least. Taking all the circumstances of the case into consideration, I thought it would be best to remove the placenta at once—an operation which, in the relaxed condition of the parts, did not seem likely to prove difficult. Two or three times, however, I thought my hand in the uterus had reached the fundus, and attempted to withdraw the placenta, only to find that it was still caught higher up. This, I think, was owing to the counter-pressure exerted by the left hand over the uterus causing partial inversion of the relaxed and flabby walls. Once also I heard air plainly pass into the vagina as the arm was partially withdrawn. As soon as the hand in the uterus had really reached the fundus, there was no difficulty in removing the placenta; and so little blood escaped after its removal that I thought it unnecessary to inject the perchloride of iron which was ready at hand. The uterus, however, was still very large, and on making firm pressure over the abdomen, air was plainly heard escaping from the vulva; and on making a vaginal examination, it seemed to me as if there was actually an empty space or hollow within the uterus. During all this time brandy had been freely administered, and when the woman was bound, I gave her a draught containing forty five minims of tincture of opium, and a

drachm of chloric ether, in an ounce of brandy. This she swallowed with difficulty, and her state was so critical that I determined to try the effect of the subcutaneous injection of ether. Unfortunately I had no ether with me, and when I returned with it in about half an hour, the woman's condition had become very much worse. She was then quite insensible, deadly pale, and pulseless, with fixed eyes, dilated pupils, clammy face and extremities, and short and superficial respiration. On examining the vulva, I found there was a thin streak of blood flowing over the thigh, and as it was obvious that if the smallest quantity more blood were lost the patient must die, I determined to combine the injection of the perchloride of iron into the uterus with the subcutaneous injection of ether. Having, therefore, grasped a fold of the skin covering the abdomen, I injected two syringefuls, or about ʒss, of ether well into the subcutaneous cellular tissue, and then injected about six ounces of the usual solution of iron into the uterus. Before I had finished injecting the iron the pulse returned at the wrist, and, emboldened by this, I injected a third syringeful of ether close to the former one. The effect produced was most marked, the woman soon turning of her own accord over on her side, and declaring, when asked how she was, that she felt much better. The change was so sudden and so great that every one in the room was satisfied it was produced by the ether. Shortly afterwards the woman vomited, and though reaction was a long time before it was established, the woman improved so much that I felt justified in again leaving the woman in charge of Mr. Kilbride, whom I have to thank for his great care and attention of the case throughout.

I need not trouble you with the history of the woman's convalescence, which went on uninterruptedly. She was carefully syringed every day with Condy's solution and warm water, until the discharge, which was at first very offensive, became natural; and on the twelfth day she was able to sit up, though still very weak and anæmic.

There are, I think, some points in this case besides the effect of the ether which are worthy of notice. The first is the etiology of the deformity. This Professor Rudolphi, of Berlin, has proved by a collection of specimens to be intimately connected with hydrocephalus, the pressure first causing atrophy of the brain and subsequently forcible separation and absorption of the cranial bones. This accounts also, I think, for the hydrops amnii which so frequently accompanies the deformity.

The second point of interest is as to the nature of the interference, should artificial delivery become necessary. Turning is, of course, the first treatment that occurs to one, but it may often be avoided, either by passing the hand in and grasping the small head, and thus extracting; or by hooking the finger into the mouth; or, lastly, by bringing down one or both arms, and extracting by them.

The fact that when the uterus is very large and the walls very relaxed, pressure outside may tend to confuse the hand inside, by causing partial inversion, is, I think, deserving of attention, as also the apparent hollow left in the uterus after the removal of the placenta, which was not accompanied with hæmorrhage, and which may have caused or been caused by the entry of air, already noticed. With regard to the subcutaneous injection of ether, there are one or two things which require further explanation. The first is the quantity to be used. This depends entirely on the patient's pulse. Professor Hecker frequently injects fifteen syringefuls (about ʒiv) from three to five at a time, at short intervals. The injection may require to be repeated, as the effect is very transitory. The part most suitable is the loose abdominal walls, but the gluteal region is easier got at if the woman has on a binder. The only thing to be attended to in making the injection is to pass the syringe deep enough; if you fail to do this, you will probably have troublesome abscess. Professor v. Hecker has never seen an abscess formed at the seat of the injection. The injection itself is rather painful, but this is of little moment if his statement be true, that it will in many cases render transfusion unnecessary; even if not quite so efficacious, it is at all events free from danger, and can be carried out without any assistance or complicated apparatus. Its use need not at all be confined to cases of post-partum hæmorrhage. I have myself since used it in accidental hæmorrhage, where it enabled me to deliver at once, though the patient had been pulseless for more than an hour. I have also used it in puerperal fever, but without permanent benefit, though the pulse, which could not be felt before the injection, returned almost immediately; also in a case of rupture of the uterus, where, I think, it prolonged life. You yourself, Mr. President, have, I think, used it successfully in a case of placenta prævia.

In surgical practice it was used long ago by Dr. Bennett for collapse in a case of strangulated hernia, and Mr. Croly has lately used it in a similar case—with what result I do not exactly know.

Professor Winckle, of Dresden, has used it with great success in a case of pulmonary embolism following confinement, where it completely relieved the intense dyspnœa.

There is, I think, little doubt that this treatment is deserving of our careful consideration, though only a more extended trial by different and unprejudiced observers can finally determine its exact therapeutic value.—*Obstet. Jour. Gt. Brit. & Ireland.*

## Hay-Fever.

[The following is extracted from Dr. Geo. M. Beard's interesting little Volume on Hay-Fever, just published by Harper & Brothers. Anything from this distinguished medical philosopher and author commands the attention of the profession; and we are confident his reputation will not suffer by this his latest performance. It is brimful of profit on the subject of which it treats; and the style of the work is so simple and untechnical, that it is within the comprehension of the laity. In the chapters on prevention and treatment, mention is made of the value of a summer residence in the mountains of West Virginia. We regret that the author did not name Deer Park and Oakland in his list of mountainous regions. These places, because of the escape they afford to sufferers from Hay-Fever, deserve special mention. Ed.]

FROM the statistics of these two hundred cases, as above alalyzed, taken in connection with the literature of the subject, and personal observation of many sufferers at various stages of the disease both at home and in non-catarrhal regions, I derive the following general conclusions:

1. Hay-fever is essentially a neurosis—that is, a functional disease of the nervous system.

In order to induce an attack, there is necessary first of all a predisposition, frequently hereditary, to special and excessive sensibility of the nerves supplying the affected parts.

The debilitating influence of heat and the external irritation of a large number of vegetable and other substances are exciting causes merely, widely varying in their effects with different individuals, and of themselves are powerless to induce, or at least to sustain, an attack. As the disease depends mainly on the individual predisposition, no two cases will be precisely alike, but all will differ as individuals differ.

2. All forms of the disease in all countries, whether occurring in the spring, summer, or autumn, and variously known as "rose cold," "peach cold," "June cold," "hay-fever," "hay asthma," "ragweed-fever," and "autumnal catarrh," are but manifestations of one disease, for which the most appropriate name is "summer catarrh," which may be subdivided into the early form, middle form, or July cold, and the later form, or "autumnal catarrh."

3. As the disease is not due to any single specific cause, animal or vegetable, as has been supposed, no specific will ever be found for it. As with ordinary asthma, sick-headache, and other neuroses, to which it is in some respects analogous, the attacks may be prevented and relieved, and some remedies will act specifically for individuals; but no one remedy will ever be found to relieve all cases.

4. The leading indications in the prevention and treatment of the disease are the avoidance of heat, light, worry, dust, vegetable and animal irritants, and other exciting causes, fortifying the system by tonics before and during the attack, and relieving the symptoms by those sedatives and anodynes, locally or generally administered, which are found by experience to be best adapted for each individual case.

These indications can be met by spending the season of the attack—

(1) At sea; preferably in high latitudes, where the air is always cool, invigorating, and entirely free from vegetable and animal irritants.

(2) In elevated mountainous regions, where in all latitudes the air is cooler and more invigorating than at low elevations, and some at least of the vegetable irritants are less abundant.

(3) In high latitudes, at any elevation where the air is sufficiently cool.

(4) At the sea-shore, or on islands near the coast.

(5) For those who can not leave their home, keeping quiet in cool, closed, darkened rooms.

(6) For those who, in spite of these precautions, or from inability to take them, are attacked with the disease, the remedies should be quinine, arsenic, iron, and electricity before and during the attack; local applications of quinine and camphor by the atomizer; and for palliatives, any one or several of the great variety of remedies that experiment shows to be most useful for each individual.

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Among the poor and laboring classes of our large cities hay-fever is almost if not entirely unknown. In the large dispensaries of this city, thronged every year by hundreds of thousands of our foreign population and the poorer class of native Americans, I can find no cases of declared hay-fever. Among the same number of people in the higher ranks of life there would be hundreds of cases of this disease. The tenement house population from which dispensaries obtain their supply of patients of every other known disease, acute and chronic, is exposed to as many external exciting causes of hay-fever as that which lives behind fronts of marble and brown-stone; and yet Fifth Avenue is quite familiar with hay-fever, while Five Points has not a case.

Hay-fever is, then, a disease of the fashionable and the thoughtful —the price of wealth and culture, a part of the penalty of a fine organization and an in-door life. This fact, which I was by no means the first to observe, has been seized upon by the sufferers from the disease, and they have found in it a source of consolation. They point to Southey, Daniel Webster, Chief Justice Shaw, Helmholtz, and Henry Ward Beecher, and a host of other names illustrious in science, in art, in law and statesmanship, and in literature, and they rejoice that at least they are in good company.

## CORRESPONDENCE.

**Continuation of Adams' Letter, from New York.**

August 10th, 1876.

**To the Editor of The Medical Student:**

THE next step taken by the L. O. (or "low," as Armstrong unjustly calls them) Ringites, who were now in full power, was to sell off, or exchange all the books of the Library and Journal Association, that they could get rid of, in any way—viz., both privately and by auction.

In this matter Dr. John C. Peters was much in fault, at the latter end. He was a subscriber to the Batchelder library, had collected all the funds ($3.000) for the purchase of the Elliot library, and had given over 200 volumes from his own library, in order to establish the nucleus of a good medical library in New York. Dr. Peters reads many books, and but few Journals; he is as devoted to old and new good books, as some oth-

er men are to old and new Journals. But, such is the power of a fierce faction, and such, perhaps, were the blandishments from the Surgeon-General's Library, that he finally yielded to the heavy pressure and consented to the destruction of the Library that he had done so much to build up. His best friends and excusants say that he is so devoted to the Journal and all other Associations that he will consent to anything, however absurd, that may seem at the time to be for the best interests of that or any other good enterprise.

However that may be, the Surgeon-General offered medical Journals in exchange for medical books, and to purchase every volume from the most valuable down to the most worthless, which was not already represented in his own, or rather the National Medical Library at Washington.

At the same time, a movement seemed to be making on the part of the New York Academy of Medicine to purchase a part of the Library; and a slight attempt was made to start a new subscription to purchase for the Academy of Medicine, books, etc., which over 100 of its members had already paid for and presented to the Medical Library and Journal Association.

Besides, the New York Hospital Library stood ready to make exchanges, and even to pay some cash, for such books as were wanted by its Directors.

Never was it more important to think over the grand old words: "LEAD US NOT INTO TEMPTATION." Never was it more desirable for a few men, to be as obstinate as mules. But the captivating notions were industriously circulated and insisted upon, that it would be a grand thing for New York to have a purely Medical Journal Library, to the exclusion of all books, except monographs, on special subjects; that the Academy of Medicine should build up a great old medical book library; and that patriotism required that all the books that any and every one could spare, or be coaxed out of, should go to the great National Medical Library at Washington.

Perhaps these notions are as good now, as they seemed then, and that a seemingly great misfortune to the medical profession in this city, may turn out to be a blessing. But there are a great many "bears with soreheads" here just now, and the Bull party, which has united with the Ringites, seems to enjoy the botherment of old Mother Hubbard and her faithful dog-party which did so much, and so generously, to build up, both the Library and Journal Association, and the Academy of Medicine.

But some good and humble christians, like the Purdeeites, always insist that no man can serve two masters; that no one can love the Journal Association without hating the Academy of Medicine, and vice versa; and a large number of the Adullamites agree with them, and those like

them; for extremes will meet; and "thin partitions do the bounds divide." Singularly enough, the Purdeeites, although apparently the most devoted friends of the Journal Association, have really inflicted the greatest injury upon it. They have always loudly exclaimed that they wanted medical Journals and monographs, but no books, more especially no old medical works, nor new text-books; yet they sold off 10 years' accumulation of duplicate sets of medical Journals, for waste-paper, when these might easily have been torn apart, and all articles on the same subjects been bound up into volumes, thus forming perhaps, the most valuable sets of Monographs on diseases of every organ, which have ever been collected in this city, at least. Besides, the Surgeon-General's Library, and that of the New York Hospital stood ready to give exchanges of Journals, or monographs, for these tons of valuable papers, which were thus arbitrarily and ruthlessly sent to the paper-mill.

This vast accumulation of duplicate journals was treasured and stored away, and locked up for years, as too valuable even to be seen; and then were absolutely thrown away. Unfortunately, in full trust and faithfulness, unlimited power was given over these duplicate Journals to what turned out to be an arbitrary and short-sighted library-committee.

The sale and dispersion of the books have already been chronicled.

ADAMS.

To be continued.

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## Another Letter from Stevens, of New York.

August 12th, 1876.

To the Editor of The Medical Student:

AS Adams seems to have played himself out, or rather to have "petered out;" and seems to be afraid to go on, after having thrown some heavy rocks, or let off some small petards, and now falls back in fear upon Armstrong, who might, perhaps, be called "Peter the Head-Strong" of Knickerbocker memory, I will take advantage of his breathing spell to say that he "does not go far enough, or deep enough," to let your readers comprehend New York medical matters.

They may be summed up in a few, or rather a volume of wise old proverbs; such as:

1. "Give every man thy ear; but few thy voice.
2. "First understand, then argue.
3. "Talking comes by nature; silence by understanding.
4. "A wise head makes a close mouth.
5. "Silence was never written down.
6. "More have repented speech than silence.

7. "Hear, see, and say nothing, if you love peace.

8. "His wind shakes no corn.

G. A. R. RISH.

9. "While we are striving for greater things, we are stripping ourselves of what we have.

10. "Every fool will be meddling.

11. "Those wounds heal ill, that men do give themselves.

12. "Broad-cloth is better than Linsey Woolsey.

13. "It is a sad house (see Presbyterian Hospital) when the hen crows louder than the Tom cock.

14. "Money will do more than my Lord Du Bois' letter.

15. "Loosers will ease their stomachs with bitter tongues.

16. "The fault is not in our stars, but in ourselves.

17. "I gave you a stick to beat my head with.

B. SEWARD.

18. "If good luck knocks at your door, do not put your head out of the window, and tell it to go away.

F. A. B. URRALL.

19. "Sit in your place, and no man can make you rise.

A. B. C. POST.

20. "Shall the goslings teach the old ganders how to swim?

G. E. BUCK.

21. "If one will not, another will.

C. K. B. RIDDON.

22. "Set a frog on a golden stool, and off it hops into the pool.

C. M. ALL-IN.

23. "He that stays does the business.

H. U. B. BARD.

24. "Who will not take when once it is offered him, shall never get it more.

D. E. T. MOLD.

25. "He that hath honey in his pot let him put it in his mouth.

B. O. B. WHITE.

Adams, also, does not "go far enough" in his praise of the West Virginia Medical Student. It is deservedly growing very popular here; both for its contents, and appearance. Both are almost unrivalled.

STEVENS.

## From Philadelphia.

August 15th, 1876.

**To the Editor of The Medical Student:**

THE heated term has returned, and as we are melting, we should be easily moulded. When the Medical Congress meets, I presume it will find us ready to yield to anything. As the time approaches, it looks more and more as though this meeting will be the great Medical sensation of the Century. I learn that a large number of persons have already signified their intention of being present as spectators. Those of my friends who are acting with the Centennial Commission are sanguine of the most complete success.

I have learned that efforts are being made to keep up the interest both of the Congress and its Sections until the close of the week of meetings, by a judicious distribution of questions, papers, and discussions. The evenings only are to be given to recreation in the shape of receptions. No excursions will be permitted to draw off the members of the Congress, though several have been offered. Should all the distinguished gentlemen be present who are expected, it will be a brilliant array of the profession; and the volume of Proceedings will be extremely valuable.

I am glad to say—thanks to our new Commissioner of Highways—that our streets are rapidly putting on an improved look. I cannot recollect a time when they were in such good repair; and this holds good not only in regard to our prominent streets, but extends also to nearly all in every section of the city. It is a good example of determination on the part of one good officer in these days of villainy, corruption, and want of energy. The Board of Health, too, appear to be exerting themselves to keep the streets thus repaired, in a clean condition.

It is remarkable what little sickness exists; the cool days of the last two weeks have cut down the Cholera Infantum to a very moderate mortality, though we find at present quite a prevalence of colds. Coughing is heard quite frequently in our churches and at places of public gathering, reminding one of the usual winter accompaniment.

We are just now suffering from a military eruption. Our streets are broken out very badly with squads of soldier boys, bronzed like in the days of the great unpleasantness. Out at the Park, we have an encampment of about 7000 men, all of whom are "tenting to-night Boys;" and the drum and fife, with the tread of the sentry recalls many scenes of the past.

One of our best institutions in connection with the exhibition, is the Hospital in the charge of Prof. Wm. Pepper, as Medical Director, aided by a number of physicians, one of whom is constantly on duty. It is surprising how many accidents, cases of exhaustion, etc., have occurred.

But when we consider the vast extent of ground to be gone over, and other attending circumstances, it appears less remarkable. One birth has occurred. But this is even less wonderful, as some seek just such notoriety, and others attend to their usual avocations and amusements until the very inception of labor. At least, this has been my observation, and I do not believe I am alone in this respect. Fancy the feelings of the young lady or gentleman thus ushured into the world, and the delightful history clinging to him or her all through life! Of course, the name of the baby would be "Centennial———," or "International Exhibition———."

Already we are feeling the pressure of the distinguished medical men from over the sea. To-day, a slightly seedy and travel-stained person sent me his name as Dr.———, from England, now of Kansas; and when I rushed enthusiastically to greet and welcome him, I was politely requested to loan him a dollar or else lodge him for the night. There were spirits around which forbade me. In fact, said "spirits" lingered in my office until I thoroughly aired the room. The gentleman had been drinking, and forgot to stop soon enough.

Come on to the Congress. We can look on and observe the wise men while they worry over the abstruse conundrums the Committees have prepared; and how we shall enjoy their chagrin when they finally conclude to give them up, without a solution!

Yours, PHILOS.

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CHOLERA RAVAGES.—One of the most terrible outbreaks of cholera on record occurred this summer, in the village of Golwood, in Bombay. The population was more than two hundred, of whom more than half died in three days. The disease appeared at noon on June 4th, and before daybreak next morning there had been fifty-seven deaths. On the 8th all the survivors fled. The disease displayed extreme virulence, some cases proving fatal in twenty minutes. In these cases the ordinary cholera symptoms were absent, and the body at the first stroke of the disease became livid, convulsed and shrunken. Gross neglect of sanitary measures is the apparent cause, as it is stated that the people were living in inconceivable filth. Cholera appears to be unusually prevalent this year, outbreaks being reported from various parts of India.

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# THE MEDICAL STUDENT.

James E. Reeves, M. D., Editor and Proprietor.

SEPTEMBER, 1876.


## THE SANITARY DEFENCES OF WHEELING—WHAT ARE THEY?

IF the 102 deaths which occurred in Wheeling during the month of July, followed by a mortality of, probably, over 60 in August, shall cause public attention to be directed to the poor sanitary defences of the city, and compel reform, this terrible sacrifice of life and heavy tribute to the demon of preventable Disease, will not have been witnessed without profit for the future.

In our last issue, it was shown that in all that relates to business enterprise, manufactures, popular intelligence, and natural advantages, Wheeling occupies no inferior position when compared with the very best of American cities of the same size; and yet its death-rate for the past three months has exceeded that of any city of equal population from which we have seen report.

The following returns for the month of July, from eight larger cities than Wheeling, are worthy of the especial attention of the city councils:

| | *Population.* | *Mortality in July.* | *Annual Death-rate per* 1000 *population.* |
|---|---|---|---|
| Providence. | 100,675 | 238 | 28.3 |
| Worcester. | 50,000 | 106 | 13.44 |
| Lowell. | 50,000 | 159 | 38. |
| Cambridge. | 48,000 | 86 | 21.5 |
| Fall River. | 45,000 | 159 | 42.4 |
| Lawrence. | 35,000 | 105 | 36. |
| Lynn. | 33,000 | 62 | 22.5 |
| Springfield. | 31,000 | 50 | 19.3 |
| Wheeling. | 28,000 | 102 | 43.7 |

Thus it is shown that the mortality of the city of Providence, with

a population of 100,675—*more* than three and a-half times larger than Wheeling—was 15.4 *less* per 1000 than Wheeling with a population of only 28.000; and that of all the cities with which it is here classed, it has yielded the largest harvest of death. This unenviable showing against Wheeling is the natural result of the poor sanitary defences of the city; and the sooner this sad truth is fully understood by all classes of the people, better their security for the future. But it was not necessary for us to go away from home to prove that even moderately good hygienic surroundings yield the blessings of good health, and prevent a high death-rate. We have indeed, but to look over into the Seventh Ward—the Island—for abundant proof. There, out of a population of 3306, but 4 deaths occurred in July, and one of these from old age. This Ward, is situated immediately opposite the most densely populated part of the city; is a little over a mile in length, with an area of about 400 acres, and one of the newest wards of the city. At least three-fourths of its residents live in their own houses; and hence along with natural advantages of location, more attention is there paid at all times to domiciliary cleanliness than is usually observed by families who rent from year to year.

The Fourth, Fifth, Sixth, and Eighth Wards invariably furnish the largest mortality returns; and this is not at all surprising when their sanitary situation is understood. The Fourth and Fifth Wards —in the very heart of the city—are separated by Wheeling Creek which is nothing less than an immense open cess-pool—so foul, for the distance of a half mile or more from its mouth, that neither fish nor frogs can live in its stinking waters. Along its banks, which are the dumping grounds for all manner of filthy scrapings from the streets and alleys, are situated several slaughter houses, two or three soap factories, the City Gas-Works, oil refineries, etc.; besides, it is the receptacle of the sewage from North Main, Market, and other streets.

But the banks of Wheeling creek are scarcely more disease-breed

ing than that portion of the unpaved Wharf at the foot of Fourteenth Street, in the Third Ward. Here, there is a nightly deposit of garbage from the restaurants fronting the Ohio River, and of rotten vegetables from the "Green-Grocery" houses in the neighborhood. And this is not all,—even the contents of old privy-vaults, full to overflowing, have there been dumped over the bank; and with every wind from the south and west, the stifling odors from these sources of corruption are swept over the city.

There are in Wheeling, probably, 36 miles of streets, and about the same distance of alleys. Of the streets, 3½ miles are paved with boulders; and from 2½ to 3 miles macadamised with limestone. They are never swept except by the winds, and then the dust thus raised is often blinding and choking. The gutters are constantly unclean from accumulations of wash-water, soap-suds, kitchen-slops, etc. Three or four times a year, they are usually *cleaned* by simply shovelling the filth into mud-piles, there to dry for several days before being carted away to the creek bank, or to some low place in a street that may need filling; or it is more quickly disposed of by throwing it into the middle of the street, where, with the dung of animals, and dead rats and cats, it is dried and ground into dust which, *nolens volens*, must be breathed and swallowed by the people, indoors as well as out of doors.

The system of sewerage is plainly defective. None of the sewers are trapped; and from their openings at various points for the reception of surface and gutter drainage, is constantly exhaled the most sickening gases. In hundreds of houses, with so-called modern improvements, the kitchen-sink and bath-tub waste pipes are untrapped, and communicate directly with the street sewers.

The Sixth and Eighth Wards are scarcely sewered at all, and yet they have the least natural advantage of surface drainage. From them, we believe, come every month the largest mortality returns according to their population. In these wards, there are many unimproved lots which are covered the year round with stagnant water.

Over the Public Markets, there is no sort of sanitary supervision exercised; and, like as at many private stands, tainted meats and stale vegetables are sold without hindrance.

The water supply—with the exception of a few wells which are still in use in the Seventh and Eighth Wards—is from the Ohio River; and from the Basin, on the side of Wheeling Hill, it is distribu-

ted through the street mains without filtering. In proof that it is not free from contamination only requires the fact to be stated that there are at least 4000 people (including both sides of the River—Martin's Ferry and suburbs, on the west; and about three-fourths of the population of the First Ward, on the east,) living above and within a mile and a half of the point of supply to the force-pumps of the City Water Works.

To all these sanitary imperfections add about 8000 old-fashioned privy-vaults, many of them overflowing and saturating the surrounding soil, and the question—"*What are the Sanitary Defences of Wheeling?*"—is answered.

This answer may be humiliating to the pride of the city; but its truth is told in the interest of the public health, and with the hope that it may hasten the day of reform, upon the coming of which depends the maintenance of the business prosperity of the people, and the future good name of Wheeling. These interests are entirely in the hands of the Councils. The mistakes of the past are so plain that there ought not to be any hesitation as to the needed new line of municipal policy. Each separate department of the government of the city ought to be directed by a Board of Commissioners, —a Board of Health Commissioners, Board of Street Commissioners, Board of Police Commissioners, etc. The last two are mentioned because the duties to be exercised by them intimately relate to the preservation of the public health. The advantage of such business-like and successful working, is seen in the management of the affairs of the City Gas-Works.

The present health-provisions are wholly ineffectual, and should be abolished at the earliest day practicable. No one feels the necessity of such a change more sensibly than the Health Officer himself. What is needed, is the election, by Councils, of a health commissioner from each Ward—the majority of whom should be physicians of regular professional standing—constituting a Board of Health, with the Mayor, *ex officio*, President of the Board. The Board should have power to elect a Secretary, a Health Officer, and a Sanitary Engineer; and these three should be the only salaried officers of the department. Thus organized, it should make laws for the protection of the public health, and have ample powers granted by Councils to enforce them. With these steps in advance, there should be a prompt and hearty co-operation of the Councils for the attain-

ment of the highest sanitary protection, which means, of course, a wise system of sewerage—clean and well-paved streets and alleys—the abolishment of the old-style privy-vaults—and a water supply above suspicion of contamination. Then would be vouchsafed to all classes of the people, good health, long life, and a degree of business prosperity even greater than they at present enjoy.

——They Prefer a Sealed-Book.—Several medical societies have adopted resolutions prohibiting the publication of their papers in a medical journal prior to the issue of their Transactions. The societies which have thus become distinguished, are The Indiana State Medical Society, The Medical Society of North Carolina, and The Medical Society of the State of West Virginia. At the recent meeting of the State Society, in this city, when the question of permission to publish in any medical journal of good standing was voted on, one of the loudest *noes* came from a gentleman whose paper, read before the Society, was next morning published in the Wheeling *Intelligencer*.

In commenting upon this action by medical societies, the *Virginia Medical Monthly*, July No., says: "Such resolutions are opposed to the interests of the societies named, as journalists, except in rare instances, do not care to re-publish lengthy papers." And the *American Medical Weekly*, Aug. 19th, says: "This all appears to be a move in the wrong direction. Society Transactions have at best a most restricted circulation, and if papers are not to appear elsewhere before the issue of these proceedings, and only in these, unless copied by the Medical Press, the result is easily seen; for as barren as are Transactions usually of excellent papers, this new movement will compel physicians to entirely withhold such communications from medical societies, and these Bodies will become less useful and instructive than they ever have been. The Press can not see this danger of absolute annihilation of medical societies, without some protest or warning. Members of medical societies should be absolutely forbidden from publishing their papers in secular newspapers and magazines, and in future such a breach of decorum should be visited with public official censure, but to encourage the preparation of valuable medical papers for medical societies, members should be allowed the privilege of having these appear simultaneously in medical journals and in the Transactions; this would give a large circula-

tion to such papers, and stimulate the members of societies to prepare them; benefiting thus the writers, the Society, and the Profession."

——Distinguished Foreigners.—Among other distinguished physicians and surgeons who will be in Philadelphia as delegates and visitors to the International Medical Congress, we notice such names as Virchow, Leishman, Lister, Lander Brunton, Ernst Hart, T. More Madden, Mapother, Burden Sanderson, Fox, and Edwin Howard. Judging from the pamphlet copy, just received, of "Outlines of Papers presented by Reporters on Questions assigned for discussion in the Sections," the proceedings of the Congress will be the most interesting ever witnessed by the profession in this country.

——Correction.—In the announcement of Starling Medical College, found in the advertising pages of this issue, an error has been committed. The regular course of lectures begins October 2d, instead of October 12th, as there stated.

——Fine Surgical Instruments.—The attention of our readers is called to the card of John Reynders & Co., in our advertising pages. The surgical instruments manufactured by this reliable and enterprising firm are of the most superior quality, and cannot fail to give entire satisfaction to purchasers. We have just seen one of their Pocket Cases which, for choice selection of Instruments, neatness and compactness, exceeds any thing of the kind ever brought to our attention. Send to 309 Fourth Avenue, New York, for Illustrated Catalogue and Price-List of their Surgical Instruments.

——University of Maryland.—The sixty-ninth annual circular of this excellent Medical School is before us. The last session numbered 109 matriculants, and at the Annual Commencement, held February 29th, 1876, 42 candidates received the degree of Doctor of Medicine. We are glad to notice these signs of its continued prosperity. The course for 1876–'77, will begin on Monday, the 2d of October, 1876. See advertisement in this number.

——A Beautiful Instrument.—We have received from Dr. L. A. Babcock—Inventer, Manufacturer and Sole Proprietor—one of his Silver Uterine Supporters. The instrument is no quackish or

catch-penny invention, but really one entitled to professional attention, if all be true that has been said of it by those who have tested its merits among the different classes of patients for whom it is specially intended. Those who may wish, to know more about it, should address Dr. Babcock, P. O. Drawer, No. 20, Freeport, Illinois.

——Behind Time.—The October No. of the Medical Student will not appear promptly on the 1st of the month, owing to the editor's absence from home during the first weeks of September.

——To Delinquents.—A note is sent with this number to each delinquent subscriber, which we hope will be sufficient to secure the prompt payment of the sums due us.

## BOOK AND PAMPHLET NOTICES.

Atlas of Skin Diseases. By Louis A. Duhring, M. D., Prof. of Skin Diseases in the Hospital of the University of Pennsylvania, etc. Part 1.—Eczema (*Erythematosum*), *Psoriasis*, *Lupus Erythematosus*, *Syphiloderma* (*Pustulosum*). Phila., J. B. Lippincott & Co., 1876. For sale by Stanton & Davenport, Booksellers, Wheeling. Price $2.50 per part.

EVERY American physician ought to feel proud of this splendid work, for, indeed, it is not surpassed in excellence by any European book on the subject. It will be completed, at most, in ten parts, issued quarterly; each number to contain four, royal quarto, chromo-lithographic plates, accompanied with a brief history of the cases represented, in which the diagnosis and treatment of each disease is given. To say the plates are true to life, and that the text is complete on the subjects of Diagnosis and Treatment, is sufficient to express our admiration of the work.

——An Address on some of the leading Public Health Questions; with Remarks on the extent of swamp lands in the United States, and their Reclamation as a Sanitary and Economic Measure. Delivered at the opening of the third annual meeting of the American Public Health Association, Baltimore, Md., November 9, 1875. By J. M, Toner, M. D., President of the Association. Reprinted from Vol. II, Public Health Papers, etc. From the author.

☞Other notices prepared for this number are crowded out.

# Starling Medical College,

## COLUMBUS, OHIO.

### FACULTY.

Francis Carter, M. D.,
Professor of Obstetrics and Diseases of Women and Children.

Theo. G. Wormley, M. D., L.L. D., Ph. D.,
Professor of Chemistry and Toxicology.

J. H. Pooley, M. D.,
Professor of Surgery.

Starling Loving, M. D.,
Professor of Theory and Practice of Medicine.

John M. Wheaton, M. D.,
Professor of Anatomy.

D. A. Morse, M. D.,
Professor of Nervous Disorders and Insanity.

E. B. Fullerton, M. D.,
Professor of Materia Medica and Therapeutics.

W. J. Conklin, M. D.,
Professor of Physiology.

W. I. Wolfley, M. D.,
Professor of Opthalmology and Otology.

Alexander Dunlap, M. .,
Professor of Surgical Diseases of Women.

Hon. J. W. Baldwin, M. A.,
Professor of Medical Jurisprudence.

Otto Frankenberg, M. D.,
Professor of Pathological Anatomy.

### The Preliminary Session

Will begin September 1st. It will be an invaluable part of the course, special instruction being afforded that no student can fail to receive without regret.

The REGULAR COURSE will begin October 12th and continue 5 months.

The College enjoys excellent facilities for instruction—a valuable collection of Microscopes, Apparatus, Library, Museum, as well as Clinical advantages that furnish all a student can desire. St. Francis Hospital is located in the College building; the Faculty being its permanent medical officers, students have constant access; in addition to which a large number of cases are treated at clinics held in the lecture rooms.

No extra charge for clinical instruction. No labor or expense will be spared to furnish students all the advantages to be obtained in other cities. Board is as reasonable as in any Western city. For any further information, address

FRANCIS CARTER, M. D., Dean.

STARLING LOVING, M. D., Secretary.

# BELLEVUE HOSPITAL MEDICAL COLLEGE,

## CITY OF NEW-YORK.

## Sessions of 1876-'77.

THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1876-1877 will open on Wednesday September 13, 1876, and continue till the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects, and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will commence on Wednesday, September 27, 1876, and end about the 1st of March, 1877.

## FACULTY.

ISAAC E. TAYLOR, M. D.
Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D. LL. D.,
Emeritus Prof. of Surgery.

FORDYCE BARKER, M. D.,
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

LEWIS A. SAYRE, M. D.,
Professor of Orthopedic Surgery, Fractures and Dislocations and Clinical Surgery

ALEXANDER B. MOTT, M. D.,
Professor of Clinical and Operative Surgery,

WILLIAM T. LUSK, M. D.,
Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

EDMUND R. PEASLEE, M. D. LL. D.,
Professor of Gynæcology.

WILLIAM M. POLK, M. D.,
Professor of Materia Medica and Therapeutics, and Clinical Medicine.

AUSTIN FLINT, JR., M. D.,
Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

ALPHEUS B. CROSBY, M. D.,
Professor of General, Descriptive and Surgical Anatomy.

R. OGDEN DOREMUS, M. D., LL. D.,
Professor of Chemistry and Toxicology.

EDWARD G. JANEWAY, M. D.,
Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

## PROFESSORS OF SPECIAL DEPARTMENTS, etc.

HENRY D. NOYES, M. D.,
Professor of Opthalmology and Otology.

JOHN P. GRAY, M. D., LL. D.,
Professor of Psycological Science and Medical Jurisprudence.

EDWARD L. KEYS, M. D.,
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

EDWARD G. JANEWAY, M. D.,
Professor of Practical Anatomy, Demonstrator of Anatomy.

LEROY MILTON YALE, M. D.
Lecturer Adjunct upon Orthopedic Surgery.

A. A. SMITH, M. D.,
Lecturer Adjunct upon Clinical Medicine.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures every week day except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of recitations from Text-books. This term continues from the first of March to the first of June. During this Session daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College building.

## FEES FOR THE REGULAR SESSION.

| | |
|---|---|
| Fees for Tickets to all the Lectures during the Preliminary and Regular Terms, | $140 00 |
| Matriculation Fee | 5 00 |
| Demonstrators Ticket, including material for dissection | 10 00 |
| Graduation Fee | 30 00 |

## FEES for THE SPRING SESSION.

| | |
|---|---|
| Matriculation—Ticket good for the following Winter | $ 5 00 |
| Recitations, Clinics, and Lectures | 35 00 |
| Dissection—Ticket good for the following winter | 10 00 |

*Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery and Obstetrics only.*

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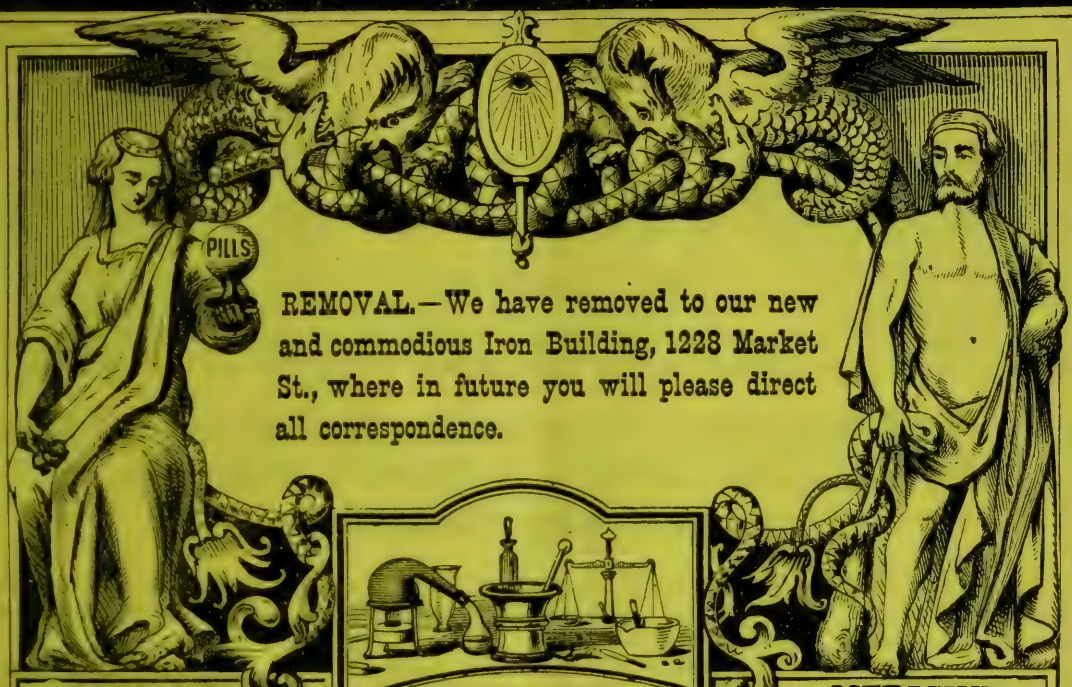


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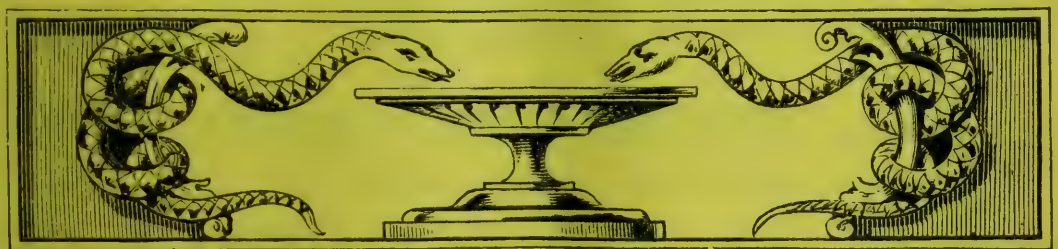

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*OCTOBER, 1876.*

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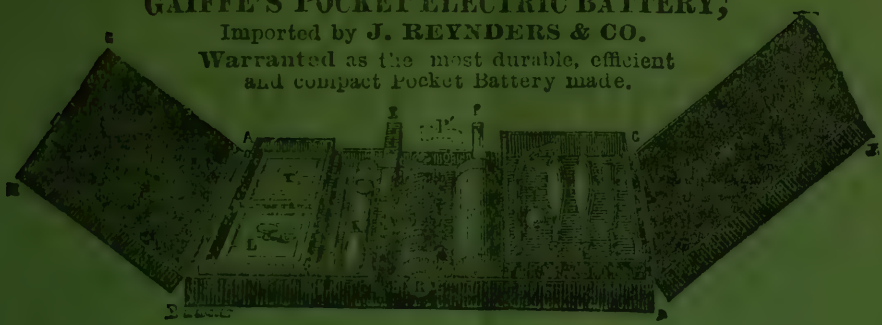

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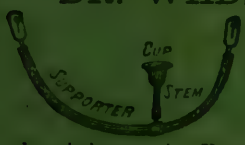


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Vol. I. WHEELING, OCTOBER, 1876. No. 12.

## Original Communications.

### Art. I.—NOTES ON THE EARLY HISTORY OF DIPHTHERIA IN THE UNITED STATES.

By DR. JOHN C. PETERS, of New York,

Vice-President of the Public Health Association of the city of New-York.

PAPER No. 5.

DR. DOUGLASS says: "The symptoms varied according to the constitutions of families and persons; the scrofulous and *Psoric* being most susceptible to, and suffering greatly from it." He repeats, that "the regimen and treatment also had a considerable influence, whereby some, who might have survived were made to succumb by profuse evacuations and Venesections, which increased the most essential peculiarity of the disorder, which was a great prostration of strength." He again suggests that, "the same causes which made the *rot* in sheep abundant and malignant, increased this throat disease."

MILD FORM.

"In this there was a previous listlessness and a languishing appearance for a day or two. Wet-nurses were apt to lose their milk. The attack commenced with somewhat of a chill or shivering; and soon after there was headache, or some other versatile pains in the back, joints, sides, etc., like from a cold. A vomiting, or a nausea,

[like that in scarlet fever, or small-pox,] was common; but in some, there was only a certain uneasiness, or qualmishness at the stomach.

"At the same time, the uvula, but chiefly the tonsils, became tumefied, inflamed and painful, *with some white specks*. Then followed a flush in the face *and some miliary eruption there*, with a benign, mild fever. The same *efflorescence* soon after appeared on the neck, chest and extremities. On the 3d or 4th day, the eruption was at its height, with well defined fair intervals of normal skin. The flushing went off gradually with a general itching, and in a day or two *the cuticle scaled or peeled off*, especially on the extremities. At the same time, the cream colored *sloughs*, or *specks* in the fauces became loose and were cast off; when the tumefaction in the throat subsided."—[*Scarlatinous Diphtheria.*]

"The tongue was furred; the urine high-colored; the blood, when let, was more florid than natural; and in the whole course of the distemper there was a very great prostration of strength, and a tendency to faintness after recovery; followed by pains and weakness in the joints, particularly in the neck, wrists and ankles, with a universal tenderness of the surface to touch.

"A tickling, gutteral, or throat cough was common, attended with some short feverish, hectic-like flushes, and a loss of flesh.

"There was also a peculiar smell, *in young persons*, proper to the disorder, like that of children with worms; while in grown persons there was a rancid odor like that from foul bed linen.

"The fæces were apt to be dark, and very fetid.

"This was the most frequent, and normal, or standard mild form of the disease, and when left to nature with a soft warm regimen, it generally ended in recovery in 6 or 7 days. But a hot, cordial method of treatment, or a too great exposure to cold, or profuse debilitating evacuations, all rendered the disease more intractable and malignant. When nature required any assistance *the cuticular eruptions*, and the little ulcers, or ulcuscula in the throat required most attention.

"*Mercurials*, used with discretion, moistened the throat and mouth, stopped the spreading of the *ulcuscula* and promoted the casting off of the sloughs. The gentle vomiting which calomel sometimes induced, and the few stools, which it generally occasioned answered best; and did not suppress, confound, confuse, or prevent the natural course of the disease, by preventing the out-break of the eruption.

"*Turpeth Mineral* was too severe and caused too strong a revulsion, thus preventing the appearance of the eruption. The disease did not well bear any other evacuations than those caused by mercurials.

"Any detergent gargle, with the addition of the Tincture of Myrrh and Aloes, was of service, especially for the ulcuscula, and promoted the discharge of a tough ropy phlegm which was apt to lodge in the fauces.

"As to the cuticular efflorescence, or eruption, it was not a *Scarlet suffusion*, but a *miliary* palpable eruption, evident to the touch by its roughness. [*Scarlatina Miliaris.*] In place of it, there was, in some cases, a gentle healthy sweat, WITHOUT ANY ERUPTION WHATEVER; and, in a few, there was no sensible cuticular excretion of any kind. In all, there was a peculiar odor, or smell, as if from morbid effluvia.

"The appearance of the eruption and sweat were favored by the use of Snake-root tea; or when this caused an ardor or burning heat, instead of a gentle mellow sweat, spirits of hartshorn, or any other volatile spirit, given in small herb teas, like those of Catnip, or Balm, answered well.

"Blisters and suppedanea, or irritating applications to the feet occasioned a tedious or protracted eruption at the spot, even when the other symptoms were not violent; but in some, immediately on their application *the eruption vanished* from the surface, or became less vivid.

"When the eruption began to decline a few loose stools were very refreshing to the patient; and when he was up, and had recovered a competent degree of strength, one or two purges to carry off any remaining feculency of the blood and juices sometimes seemed advisable."

### Malignant Form.

"In this they died on the 1st, 2d, or 3d day by an irremediable necrosis, or corruption of the blood. The seizure was sudden, and marked by a sinking pain in the stomach, an extreme prostration of strength, and a *titubating* or shambling, stumbling pulse. In some there was stupor, at once; in others delirium; and a number had convulsions, all of whom generally died *dozie*.

"There was generally some colliquation, such as continued vomitings, purgings, or profuse sweats; while some had a diffuse bloated-

ness of the habit [like general œdema?] or an infiltration of the neck, similar to that of Mumps. In general the texture of the blood and juices was so much necrosed, or destroyed, as to be rendered an incoherent puddle of corruption, attended with an intolerable fetor immediately after, or even before death. Bloodletting, and other debilitating evacuations, of course, accelerated the rapid fatal result."

Although nothing is said about eruptions, it is probable that the majority of these cases were those of malignant scarlet fever. Still, in the asthenic form of diphtheria, according to Roberts, the general symptoms are of a low type. The sense of illness and prostration becomes very great; the complexion and the whole skin often assume a dirty looking and opaque or yellowish tinge and have a peculiar feverish pungency, though the temperature is not high. The action of the pulse and heart is very frequent, small, weak, and irregular, or greatly lowered. The deposit on the pharynx is of the soft pulpy kind, and the throat discomfort may not be severe; but it is in these cases that extensive ulceration and sloughing are generally met with. The breath becomes very fetid, and the decomposing matters are apt to be absorbed into the blood, causing septicæmia, with the usual typhoid symptoms. There is also, great swelling about the neck. Repeated vomiting and diarrhœa make the prognosis still more grave. [J. C. P.]

### Intermediate Form.

In this, according to Dr. Douglass, "death, or recovery took place in 6 or 7 days. The symptoms of bad omen in this class were: a very great prostration of strength, dejection and despondency of mind, a *titubating* low pulse, and incessant vomitings, purgings, or sweats.

"The tonsils became much inflamed and enlarged, endangering strangulation. The specks on the fauces assumed a brownish, or leaden color; and were ragged and jagged. There was a continued jactitation in some, and stupor in others. They refused all food, even diluting common drinks.

"The skin was dry and parched; *the eruptions* appearing or disappearing, or else they were of an universal dark reddish cast, continuing crude for many days; and the darker and more livid they were, the more malignant would be the case. Sometimes the miliary pus-

tules would be large, distinct and pale like sudamina, or even the crystalline small-pox. When strong cordials were used to sustain the patient, and irritating Alexipharmics to neutralize the morbid poison, the face and eyelids, arms, hands, legs and feet were apt to swell up, and be of a dark-red color, as in the most malignant small pox, or scarlet fever.

"In some children the velum palati was much affected with swelling and sloughs, and there was an ichorous discharge from the nose, with the expectoration of many mucous masses resembling the [wash-leather-like] cuticle, [or sloughs or pseudo membranes] which form on the surface of blisters. Sometimes pus was brought up, although no sloughs or exulcerations could be seen on the fauces. In the more benign cases the specks or sloughs on the tonsils were cast off naturally; but sometimes mercurials and gargles seemed necessary to aid their falling off. The practice in some country places *of pulling them off* with forceps and spatulas was very hurtful, because the irritation caused thereby induced a further flux upon the part, and worse conditioned sloughs were formed than those which existed before.

"In other cases, without being attended with any difficulty of swallowing, the disease reached far down the throat and bronchiæ into the lungs, attended with all the symptoms of the *New England Cynanche*, or so-called croup, or malignant quinsy, and was often erroneously deemed to be such. The deeper the disease reached into the thorax, the greater was the danger." [*Croupous Diphtheria.*]

"In some children who had scarce any appearance of disease in the throat, there were spreading ulcers behind the ears. [*Cutaneous Diphtheria.*]

"In others the tongue threw off a slough or exuviæ which retained the impressions of the papillæ, and was formed of an inspissated mucus of the same nature with those mucous [or croupous] linings which were expectorated from the throat, œsophagus, or bronchiæ.

"Some had impostumations, or abscesses in the fauces followed by a fatal strangulation; while others escaped by their opening and the discharge of an ichorous curdy matter.

"The fever was seldom too high, but often too low to produce any, much less a thorough and laudible eruption. In very plethoric subjects with high fever, a little blood could sometimes be taken with apparent advantage, or at least no decided injury.

"If the tonsils were much inflamed and swollen, with a great pain or difficulty of swallowing, a small bleeding from the jugulars, or blisters to the nape of the neck, seemed to encourage the appearance of the eruption, or its succedaneum, a gentle breathing sweat. But profuse sweating was equally to be avoided as the production of a continued diarrhœa, as both of them confounded, perverted, and suppressed the natural course of the distemper."

[Dr. Douglass has inveighed so heavily against bloodletting and blisters in this disease, that we can hardly help suspecting that he mistook some cases of ordinary tonsillitis and quinsy for the diphtheritic throat distemper. At least, it has become more than evident, that unlike Dr. Colden and Dr. Bard, he was unable, or unwilling to separate his cases of Scarlet Fever from those of pure Diphtheria. He was vastly less modest, and infinitely more presuming than these great men, and doubtless was led astray by his vanity and enthusiasm. J. C. P.]

"For the colliquative discharges, Oil of Cinnamon, decoction of white-oak bark, elixir vitriol, and burnt Rhubarb were useful.

"When there were vigilance, jactitation, delirium, coma, or stupor, glysters, vesications, or suppudanea and other irritating applications to the feet and other parts were used" by Dr. Douglass, although he had greatly blamed their employment by others.

"When faintness or great prostration appeared, toasted bread soaked in generous wine or small doses of volatile spirits of Hartshorn were good; but bezoars and cordial juleps were surgical shams and dreams."

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## Art. 2.—SINGULAR CASE OF STRANGULATED HERNIA—SUCCESSFUL OPERATION.

By TOM O. EDWARDS, M. D., Wheeling.

MR. H. B———, aged 38, boiler in an iron mill, had a reducible inguinal hernia, of the left side, for 24 years—wore a truss which support seemed all that was required. He says he has always had a lump in his groin, and that his bowels were constantly torpid. The frequent extrusion of the intestine which, from time to time, he reduced without assistance, and the consequent dragging down of the parts, had so altered the relation of the rings as to bring them nearly opposite each other, both being somewhat enlarged.

On Friday, the 25th of February, 1876, he experienced a sharp pain in the groin, and discovered a larger tumor than he had before noticed. This he tried to reduce, but failing in his effort he sought assistance. His physician practiced most exhaustive and persistent taxis, at intervals during the next three days, without favorable result. On Tuesday another physician was called to meet the gentleman first in charge of the case; but the conjoined manipulations only added to the distress of the patient. They proposed to operate the next day—Wednesday, but when the morning came they were dismissed. The case then came into the hands of Dr. Halley McCoy, through whose influence I was sent for. Our first effort at relief was made by reversing the position of the patient—having him held up by the feet, in which situation gentle taxis was made, but without effect other than an increase of his suffering. The parts were exquisitely tender, swollen and dark-colored; so we decided to operate at once. Chloroform having been administered by Dr. McCoy, a fold of the integument was transfixed; then dissecting, or rather tearing with the handle of the scalpel, the tissues down to the sac, it was found markedly congested and of a bluish color. Lying to the inside and independent of the sac, was a fold of intestine with very firm adhesions, apparently without any peritoneal covering, or if such covering did exist, it was so altered as not to possess the characteristics of that membrane. The presence of this fold of intestine accounted for the persistent lump in the groin already spoken of. External to this fold, the recent hernia was found which I now attempted to reduce *en masse*, but failed. The sac was then opened, and by passing my finger inside of it to the external ring which was caught and slightly stretched by the finger, reduction was easily effected.

Thinking to lessen the chance of a future extrusion, and, if possible, to make a radical cure, I broke up the adhesions of the old hernia—a work of some difficulty—and reduced it also. The result of this effort was an almost obliterated inguinal canal, and very patulous rings, which condition I thought would defeat the end in view. The wound was closed by the interrupted suture; a cold water compress applied; absolute quiet enjoined; and large doses of Opium administered. From the start the patient progressed favorably, and, after about three weeks' attention, was discharged cured. He has since been at his accustomed labor in the mill; and at my last ex-

amination of him could not discover the external ring—a dense cicatricial tissue occupying the entire region.

This case, I think, is remarkable first, that strangulation having existed from Friday until the next Wednesday, gangrene did not take place. The sac was of a bluish tinge, and the bowel of a dark color only at one small point—not softened. Second, that a recent hernia should take place, while the canal was already nearly filled by an old hernia; and, finally, that a radical cure resulted.

## SELECTIONS.

### Professor Huxley on Medical Education.

THE inaugural exercises of the Johns Hopkins University took place in Baltimore, on Tuesday the 12th of September, at the Academy of Music. Professor Thomas H. Huxley, of London, had been selected by the trustees as the speaker on this occasion, and in the course of his address the subject of Medical Education received attention as follows:—

One half of the Johns Hopkins bequest is devoted to the establishment of a hospital. It was the desire of the testator that the university and the hospital should co-operate in the promotion of medical education. The trustees will unquestionably take the best advice that is to be had as to the construction and administration of the hospital. In respect to the former point, they will doubtless remember that a hospital may be so arranged as to kill more than it cures, and in regard to the latter, that a hospital may spread the spirit of pauperism among the well to do, as well as relieve the sufferings of the destitute. It is not for me to speak upon these topics —rather let me confine myself to the one matter on which my experience as a student of medicine, and an examiner of long standing, who has taken a great interest in the subject of medical education, may entitle me to a hearing. I mean the nature of medical education itself, and the co-operation of the university in its promotion. What is the object of medical education? It is to enable the practitioner on the one hand to prevent disease by his knowledge of hygiene; on the other hand, to define its nature, and to alleviate or cure it by his knowledge of pathology, therapeutics, and practical

medicine. That is his business in life, and if he has not a thorough and practical knowledge of the conditions of health, of the causes which tend to the establishment of disease, of the meaning of symptoms, and of the uses of medicines and operative appliances, he is incompetent, even if he were the best anatomist, or physiologist or chemist that ever took a gold medal or won a prize certificate. This is one great truth respecting medical education. Another is, that all practice in medicine is based upon theory of some sort or other; and therefore, that it is desirable to have such theory in the closest possible accordance with fact. The veriest empiric, who gives a drug in one case because he has seen it do good in another of apparently the same sort, acts upon the theory that similarity of superficial symptoms means similarity of lesions, which, by the way, is perhaps as wild an hypothesis as could be invented. To understand the nature of disease we must understand health, and the understanding of the healthy body means the having a knowledge of its structure and the way in which its manifold actions are performed, which is what is technically termed human anatomy and human physiology.

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must need possess an acquaintance with physics and chemistry, inasmuch as physiology is to a great extent applied to physics and chemistry. For ordinary purposes a limited amount of such knowledge is required; but for the pursuit of the higher branches of physiology no knowledge of these branches of science can be too extensive or too profound. What we call therapeutics again which has to do with the action of drugs and medicines on the living organism is, strictly speaking, a branch of experimental physiology, and is daily receiving a greater and greater experimental development. The third great fact which is to be taken into consideration in dealing with medical education, is that the practical necessities of life do not as a rule allow aspirants to medical practice to give more than three, or it may be four years to their studies. Let us put it at four years, and then reflect that in the course of this time, a young man fresh from school has to acquaint himself with medicine, surgery, obstetrics, therapeutics, pathology, hygiene; with the anatomy and the physiology of the human body, and that his knowledge should be of such a character that it can be relied upon in any emergency, and always ready for practical application. Consider

in addition that the medical practitioner may be called upon at any moment to give evidence in a court of justice in criminal cases, and that it is therefore well that he should know something of the laws of evidence, and of what we call medical jurisprudence. On a medical certificate a man may be taken from his home and from his business and confined in a lunatic asylum. It is therefore desirable that the medical practitioner should have some rational and clear conceptions as to the nature and symptoms of mental disease. Bearing in mind all their requirements of medical education, you will admit that the burden on the young aspirant for the medical profession is somewhat of the heaviest, and that it needs some care to prevent his intellectual back from being broken. Those who are acquainted with the existing systems of medical education will observe that, long as is the catalogue of studies which I have enumerated, I have omitted to mention several that enter into the usual medical curriculum of the present day. I have said not a word about zoology, comparative anatomy, botany or materia medica. Surely this is from no light estimate of the value or importance of such studies in themselves. It may be taken for granted that I should be the last person in the world to object to the teaching of zoology or

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in themselves, but I have the strongest feeling that, considering the number and the gravity of those studies through which a medical man must pass, if he is to be competent to discharge the serious duties which devolve upon him—studies which lie so remote as these do from those practical pursuits should be rigorously excluded. The young man, who has enough to do in order to acquire such familiarity with the structure of the human body as to enable him to perform the operations of surgery, ought not, in my judgment, to be occupied with investigations into the anatomy of crabs and starfishes. Undoubtedly the country doctor should know the common poisonous plants of his own country when he sees them, but that knowledge may be obtained by a few hours devoted to the examination of specimens of such plants, and the desirableness of such knowledge is no justification, in my own mind, for spending three months over the study of systematic botany. Again, materia medica, so far as it is a knowledge of drugs, is the business of the druggist. In all other callings the necessity of the division of labor is fully recognis-

ed, and it is absurd to require of the medical man that he should avail himself of the special knowledge of those whose business it is to deal in the drugs which he uses. It is all very well that the physician should know that castor oil comes from a plant, and castoreum from an animal, and how they are to be prepared, but for all practical purposes of his profession that knowledge is not of one whit more value, has no more relevancy than the knowledge of how the steel of his scalpel is made. All knowledge is good. It is impossible to say that any fragment of knowledge, however insignificant or remote from one's ordinary pursuits, may not some day be turned to account, but a medical education above all things. It is to be recollected that in order to know a little well one must be content to be ignorant of a great deal. Let it not be supposed that I am proposing to narrow medical education, or, as the cry is, to lower the standard of the profession. Depend upon it there is only one way of really ennobling any calling, and that is to make those who pursue it real masters of their craft, men who can truly do that which they profess to be able to do, and which they are credited with being able to do by the public; and there is no position so ignoble as that of the so called "liberally educated practitioner," who, as Talleyrand said of his physician, "Knows everything, even a little physic;" who may be able to read Galen in the original, who knows all the plants, from the cedars of Lebanon to the hyssop upon the walls, but who finds himself, with the issues of life and death in his hands, ignorant, blundering and bewildered, because of his ignorance of the essential and fundamental truths upon which practice must be based: Moreover, I venture to say, that any man who has seriously studied all the essential branches of medical knowledge; who has the needful acquaintance with the

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who has been brought by medical jurisprudence into contact with law; whose study of insanity has taken him into the fields of psychology; has ipso facto received a liberal education. Having lightened the medical curriculum by culling out of it everything which is unessential we may next consider whether something may not be done to aid the medical student toward the acquirement of real knowledge by modifying the system of examination. Within my recollection in England it was the practice to require of the medical student attendance on lectures upon the most diverse topics during

three years, so that it often happened that the young man would have four or five lectures in the day upon totally different subjects in addition to his dissections and to his hospital practice, and he was required to keep all the knowledge he could pick up in this distracting fashion at examination point, until at the end of three years he was set down to a table and questioned pell-mell upon all the different matters with which he had been striving to make acquaintance. A worse system and one more calculated to obstruct the acquisition of sound knowledge and to give full play to the "crammer" and the "grinder" could hardly have been devised by human ingenuity. Of late years great reforms have taken place. Examinations have been divided so as to diminish the number of subjects among which the attention has to be divided. Practical examination has been largely introduced, but there still remains, even under the present system, too much of the old evil inseparable from the contemporaneous pursuit of a multiplicity of diverse studies.

Proposals have recently been made to get rid of general examinations altogether, to allow the student to be examined in each subject at the end of his attendance on the class; and then, in case of the result being satisfactory, to allow him to have done with it; and I may say that this method has been pursued for many years in the Royal School of Mines in London, and has been found to be perfectly satisfactory. Lastly comes the question as to how the university may co-operate in advancing medical education. A medical school is strictly a technical school—a school in which

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is taught as apart from the university, which is a place in which knowledge is obtained without direct reference to professional purposes. It is clear, therefore, that a university and its antecedent, the school, may best co-operate with the medical school by making due provision for the study of those branches of knowledge which lie at the foundation of medicine. At present young men come to the medical schools without a conception of even the elements of physical science, and learn for the first time that there are such sciences as physics, chemistry and psychology, and are introduced to anatomy as a new thing. It may be safely said that for a large proportion of medical students, much of the first session is wasted in learning how to learn—in familiarizing themselves with utterly strange conceptions, and in awakening their dormant and wholly un-

trained powers of observation and of manipulation. There is not the slightest reason why this should be so, and, in fact, when elementary education becomes that which I have assumed it ought to be, this state of things will no longer exist.

## INTERNATIONAL MEDICAL CONGRESS, 1876.

THE most interesting page in American Medical History was made by the assembling of the International Medical Congress in Philadelphia, September the 4th, 1876. Never on this continent was there such a large congregation of representative men—so many distinguished teachers and leaders—so many of the good and truly great in the profession; and the work, both in quantity and quality, which was accomplished in the six days' "feast of reason and flow of soul," is also unparalleled in the transactions of any medical meeting held in this or any other country. Indeed, the plan of organization of the Congress and the happy division of its labors were so wise and successful, that the entire scheme furnished by the Centennial Medical Commission will stand as an example for the direction and government of all future assemblies of the kind.

To facilitate the proceedings, a Programme of Public Business, giving in detail the work for each day, was distributed; and a complete list of the members registered, with their residences in Philadelphia, was published daily for the convenience of the delegates. The complete registration list showed the names of 447 delegates. Of these 71 were foreigners, among whom the following distinguished names may be mentioned:

FROM ENGLAND—Mr. William Adams, President of the Medical Society of London; Dr. Robert Barnes, Obstetric Physician to St. George's Hospital, London; Dr. T. Lauder Brunton, editor of *The Practitioner*, London; Mr. R. Brudenell Carter, Ophthalmic Surgeon to St. George's Hospital, London; Mr. Richard Davy, Hon. Secretary of the Medical Society of London; Dr. Charles J. Hare, London.

FROM IRELAND—Mr. Jolliffe Tufnell, President of Royal College of Surgeons, Dublin.

From Scotland—Mr. Joseph Lister, Prof. of Surgery in University of Edinburgh; Dr. Argyll Robertson, Edinburgh; Dr. Alex. R. Simpson, Prof. of Obstetrics in University of Edinburgh.

From Belgium—Dr. Pierre Debaisieux, Prof. in University of Louvain; Dr. Leopold Servais, of Anvers.

From Holland—Dr. M. W. C. Gori, of Amsterdam.

From Denmark—Dr. S. Englested, Physician in Chief of Copenhagen Hospital; Dr. Edmund Hansen, President of the Medical Society of Copenhagen; Dr. C. Lange, Lecturer on Pathological Anatomy in University of Copenhagen.

From Prussia—Prof. Hueter, of Greifswald.

From Austria—Dr. Frederick Semelder, of Vienna.

From Norway—Prof. Johan Hjort, of Christiania.

From Finland—J. A. Estlander, of Helsingfors.

From Russia—M. Rudnew, Prof. of Pathological Anatomy in Medico-Chirurgical Academy, St. Petersburg; Dr. W. A. Koukol de Yasnopolsky, St. Petersburg; Anatole de Gaine, St. Petersburg.

From Australia—Dr. R. F. Hudson, of Ballarat.

From Japan—T. Ishigouro, Tokio; H. Miyake, Prof. of Pathology in Medical College of Tokio; Dr. S. Nagayo, Tokio.

From The Argentine Republic—Dr. G. Rawson, Buenos Ayres.

From Cuba—Dr. Márcas de J. Meleros, of Havana.

From Mexico—Dr. Gregorio Barroeta, San Luis Potosi; Plutarco Ornelas, of the Mexican Commission.

From Canada—Dr. J. A. Grant, of Ottawa; Dr. Wm. H. Hingston, Mayor of Montreal; Dr. R. P. Howard, Montreal; Dr. Edward Howard, Toronto; Dr. James Thoburn, Toronto; Dr. Edward H. Trenholme, Montreal; Dr. Jno. L. Bray, Chatham, Ontario; Dr. W. H. Brouse, Prescott; Dr. Wm. Canniff, Toronto; Dr. Stephen Dodge, Halifax, Nova Scotia; Dr. Edward M. Hodder, F. R. C. S., Toronto; Dr. Wm. Oldright, Toronto.

### First Day's Proceedings.

The opening session was called to order at noon, in the Hall of the University of Pennsylvania, by Prof. S. D. Gross, M. D., LL. D., D. C. L. Oxon., President of the Centennial Medical Committee, after which Right Rev. Wm. Bacon Stevens, M. D., LL. D.,

Bishop of Pennsylvania, invoked divine blessing. Prof. Gross then delivered the following eloquent

ADDRESS OF WELCOME.

GENTLEMEN OF THE INTERNATIONAL MEDICAL CONGRESS: My colleagues have confided to me, as the President of the Centennial Medical Commission, the agreeable and honorable duty of opening this International Medical Congress, so long the object of their solicitude and earnest labor. In their name, then, as well as my own and that of the entire medical profession, whose great heart this day throbs in unison with ours, I extend to you our right hand, and bid you a thrice cordial welcome to the City of Brotherly Love. The occasion which has brought us together this morning is one of no ordinary kind; it is one, also, which has been long, and, I may say, anxiously, anticipated. It might, perhaps, seem ungracious if I were to tell you how much time and labor have been bestowed by the Commission, through its Committee of Arrangements, upon the organization of the Congress; how often they met to devise plans and to interchange views; how earnestly and thoughtfully they performed their work; in a word, how faithfully and conscientiously they discharged the great trust confided to them by the different medical bodies of the city and county of Philadelphia, in which the Congress originated nearly two years ago. Not a little embarrassment often attended their progress, and it was, therefore, not without a profound sense of relief, such as a weary traveler may be supposed to experience at the end of a long and tedious journey, when we found that our task was finally brought to a successful close. If the organization is less complete than to some of you it may seem to be, no blame will, I am sure, be ascribed to the Commission on account of any shortcomings. There might, possibly, have been wiser and more experienced heads at work; but warmer hearts, or more conscientious men never were, I venture to affirm, engaged in a noble enterprise. Such, then, as the work is, we cordially submit it to your consideration, satisfied that it will be accepted by you in the same kindly spirit in which it is tendered, and that any deficiencies that may mar its character will be duly rectified by your superior wisdom.

It is at all times a source of gratification to welcome friends, especially when they are united by the bonds of a common brother-

hood, or an identity of interest; but on this occasion, so pregnant with important events, the feeling is vastly heightened by the fact that we have assembled around us brethren not only from every section of this great continent, but from various foreign climes—from Europe, the far East, from Japan and China, the islands of the Pacific, South America, Mexico, the West Indies, and, I had almost said, from every country in the world. The invitations sent out by the Commission cover every prominent medical society and every distinguished medical man in the four quarters of the globe. The object was to bring together representative men from all nationalities to participate in our proceedings, and to afford us the benefits of their wisdom, and the results of their experience and scientific investigations. If all these, or even a respectable minority of these representative men, could have been here, what a glorious spectacle would be presented in this hall this morning! Men laying aside for a while their ordinary pursuits, crossing vast continents and perilous seas, congregating to unite with us in celebrating our first Medical Centennial, in interchanging cordial salutations, in deliberating upon the best means of promoting the holiest and dearest interests of our profession, and in laying their contributions—the accumulations of years of study and observation—upon a common altar for the common good! In its wide range, the present Congress is without a parallel. Similar bodies have repeatedly met, but none on so grand a scale or with such a cosmopolitan outlook.

In organizing the Congress the Commission may have been guilty of undue partiality toward their own country. Perhaps such a tendency was, after all, only natural. However this may be, certain members felt an irresistible desire to show the world what the century, since the establishment of our independence as a free and sovereign people, has accomplished for scientific medicine. For this purpose topics illustrative of the progress and present condition of the different branches of medicine in the United States have been assigned to gentlemen of acknowledged rank in the profession in different sections of the Union. These exercises will, it is believed, add greatly to the interest of the occasion. Time was when we had no medical literature—no medical science—when we were utterly helpless, and wholly dependent upon the aid derived from our European brethren, especially the English, whose language, practice, and habits we made our own. The poverty of the coun-

try in these respects cannot be better illustrated than by the fact that we had no native works on medicine and the collateral sciences until after the commencement of the present century. Many of you will recall the words of the great English lexicographer, who, in 1769, in speaking of the American colonies, exclaimed, 'Sir, they are a race of convicts, and ought to be thankful for anything we allow them, short of hanging.' The Abbé Raynal, writing in the latter part of the last century, declared that America had not yet produced a single man of genius; and the exclamation of a celebrated Scotch reviewer, uttered at a more recent period, 'Who reads an American book, who goes to an American play, or who looks at an American picture?' is still fresh in the memory of many of the present race of men. The discourses which will be delivered before you on the progress of American medicine will serve to show that the profession of the United States has earned for itself an enviable reputation, and that it is fully abreast while all the other pursuits that adorn the human mind and shed lustre upon the scientific character of the nation. They will serve to show that we have passed the period of medical provincialism, and that we stand upon a lofty platform, to which we need not be ashamed to invite the representative men of the profession of foreign countries, however illustrious, or however far advanced in the arts of civilization.

The different Sections, organized by the Commission, must speak for themselves. It is in them that the work of the Congress is mainly to be done, where the interchange of scientific ideas is to be effected, and from which the meeting is to derive its chief glory as an international body of scientific and enlightened men.

It will be recollected that attempts have been made in different quarters and at different times to establish a uniformity of scientific nomenclature, weights, measures, and records of disease, for the medical profession in all parts of the civilized world. The plan, if carried out, cannot fail to advance, in an eminent degree, the interests of medical science; and I am happy to state that it is proposed to discuss the subject fully in one of the Sections.

We are upon the threshold of a new century. One hundred years have passed away since the grand old bell upon Independence Hall announced to the world the birth of a new nation, and liberty not only to our own citizens but to all peoples of the earth. The century that has just elapsed was the most wonderful in all that per-

tains to human progress, to discovery, to invention, to improvement, to refinement and intellectual culture—in a word, to all that ennobles and exalts human nature in its various aspects and phases—that has been vouchsafed to man since God said, "Let there be light." The science of medicine has been completely revolutionized within our own day. The saying, Old things have passed away, behold all things are new, has literally been fulfilled. The microscope, chemical analysis, clinical observation, and experiments upon the inferior animals, are leading on the medical mind with wondrous velocity in the pursuit of knowledge, and adding daily new facts to our stock of information, far beyond what the wildest fancy could have conceived of even a third of a century ago. Dogmatism, once so dominant in the schools, has ceased to exist, and no unacknowledged theories are any longer received by the scientist. Facts, resting upon the broad basis of observation and experiment, repeated and varied in a thousand ways, alone are relied upon as worthy of acceptance and as safe guides in practice. Hippocratic medicine is the order of the day. Everything bows before its divine behests.

In every corner of the habitable globe penetrated by the light of civilization, busy, active minds, endowed with high culture, and actuated by the noblest resolves, are at work, exploring the mysteries of disease, and devising means or methods of treatment, for the relief of suffering, and the prolongation of life. The busy bee was never more industriously engaged in gathering honey from the flower of the field than the modern physician is in gathering knowledge at the bedside of the sick, and garnering it for future use. Much of what is considered by many as established must be reviewed in the light of modern science; new avenues must be opened, and the ball, composed of myriads of threads more delicately formed than any ever spun by Penelope, must be pushed onward and upward by the united efforts of the medical profession in all parts of the world. How far the Centennial International Congress shall promote these desirable objects time alone can determine. It may safely be predicted that, if it do not fulfill all the promises of hope that have been formed of it, it will accomplish a great deal of useful work, and thus afford the world an earnest of its interest in the advancement of scientific medicine and in international unity. Science can have no higher mission than that of strengthening the bonds and securing the co-operation of its votaries in various parts of the

globe, assembled to deliberate upon everything calculated to promote its holiest interests.

Among the many objects of an International Congress, not the least is the interchange of kindly feelings on the part of its members, the formation of new friendships and the cementing of old ties. It is well that men of different nationalities should occasionally come together, to look at one another, and to see how they stand in public estimation, as well as in their own; what the world thinks of them, and what they think of the world; what they have done to further the interests of scientific progress, to lighten the burdens of human suffering, and to extend the boundaries of human happiness. All these, and many other things which need not to be here specified, are objects well calculated to engage attention on such an occasion.

It need hardly be added that the medical profession and the citizens of Philadelphia will do all they can to make your time pass pleasantly, as well as profitably, during your sojourn among us. Cards of invitation will be issued to you to inspect the various institutions of interest in and around the city; and, after the work of the Congress is over, the International Exposition will no doubt claim, as it assuredly deserves, the earnest attention of every member of this body. And now that the labor of the Centennial Medical Commission is completed, it only remains for the Congress, which I now declare open, to perfect its organization by the election of its own officers.

It has often occurred to me that if these international reunions were more frequent and more largely attended, they would be a vast deal more serviceable in preventing war and international misunderstandings than any arbitrations that could be inaugurated for the settlement of international difficulties. Much of the pleasant feeling at present existing between the United States and Europe is due to the enlarged intercourse which has been going on, since the invention of steam navigation, between the peoples of those countries. I hope, therefore, that this may be only one of many such reunions on this side of the Atlantic.

The next business was the appointment of the committee of thirteen to nominate officers of the Congress; and then came the

ADDRESS ON MEDICINE,

by Prof. Austin Flint, M. D., of New York, showing the progress

made during the past century. One hundred years ago there were but two medical schools in this country—one in Philadelphia, the other in New York.

About the year 1800, there were twenty medical schools in the United States, and 2000 students. At that period there were twenty medical journals published; now their number is only doubled. The distinguished speaker in referring to the influence exerted upon medical progress by medical journalism, said of the *American Journal of the Medical Sciences* that for fifty years, under the editorship of Isaac Hays, it has had a powerful influence on the progress of medicine in this country. * * Without any disparagement of the numerous able and useful periodicals published during the last half century, may we not with a feeling of pride refer especially to a journal which, with such a history, is now the oldest living representative of medical periodical literature, and which has probably a circulation larger than that of any other in Europe or America?

Every step of American progress was referred to save his own excellent industries. In 1801, Valentine Seaman, of New York, began vaccination; in 1817, the Pharmacopœia was projected, and published in 1820; in 1833, appeared the United States Dispensatory, by Wood and Bache; in 1846, anæsthetics were first used in Boston; in 1846, Meredith Clymer was the first to discover and describe Relapsing Fever; at that period also Dickson and Drake announced their belief in the conjoined action of different morbid influences at the same time in the same person; in 1847, the American Medical Association was established for the protection of the profession and for the advancement of knowledge. Our code of ethics has remained unaltered during the past twenty-five years. This reflects honor on the profession. In no other country is the dividing line between illegitimate and legitimate practitioners more sharply drawn than in ours, because in no other country do medical men occupy so high a social grade.

At the close of this noble-spirited and handsomely delivered address, Prof. Gross arose and made reference to the modesty which had led Prof. Flint to omit all mention of his own great works.

The Committee on Nominations then made the following report:

*President*, Dr. S. D. Gross, Philadelphia. [This announcement was greeted with applause.]

*Vice-Presidents*—Dr. Paul F. Eve, Tennessee; Mr. Jolliffe Tufnell, Dublin; Dr. W. L. Atlee, Philadelphia; Dr. C. Lange, Copenhagen; Dr. T. G. Richardson, New Orleans; Dr. W. H. Hingston, Montreal; Dr. J. P. White, Buffalo; Dr. H. Miyake, Japan; Prof. N. R. Smith, Baltimore; Prof. M. Rudnew, St. Petersburg; Dr. J. M. Toner, Washington, D. C.; Prof. Hueter, Greifswald; Dr. J. B. Johnson, St. Louis; Dr. F. Semeleder, Vienna; Dr. Hunter McGuire, Virginia; Dr. Johan Hjort, Christiania, Norway; Dr. G. L. Collins, R. I.; Dr. R. F. Hudson, Australia; Dr. H. Gibbons, California; Dr. Pierre De Baisieux, Belgium; Dr. N. S. Davis, Chicago; Mr. William Adams, London; Dr. L A. Dugas, Georgia; Prof. Simpson, Edinburgh; Dr. J. K. Bartlett, Wis.

*Honorary Vice-Presidents*—Surgeon General Barnes, U. S. A.; Surgeon-General Beale, U. S. N.

*Secretary-General*—Dr. I. Minis Hays, Philadelphia.

*Secretaries of Meeting*—Drs. William B. Atkinson, R. J. Dunglison, R. A. Cleemann, W. W. Keen, R. M. Bertolet.

*Officers of Sections.*

*Section of Medicine*—President, Prof. Alfred Stillé, Philadelphia; Vice-Presidents, R. P. Howard, M. D., Canda; J. J. Woodward, M. D., U. S. A.; Secretary, Dr. J. Ewing Mears, Philadelphia.

*Biology*—President, Prof. J. C. Dalton, New York; Vice Presidents, Austin Flint, Jr. M. D., New York; F. W. Campbell, M. D., Canada; Secretary, Dr. James Tyson, Philadelphia.

*Surgery*—President, Professor Joseph Lister, Edinburgh; Vice-Presidents, J. A. Grant, M. D., Canada; John Ashhurst, Jr., M. D., Philadelphia; Secretary, Dr. J. H. Packard, Philadelphia.

*Dermatology and Syphilology*—President, Dr. J. C. White, Boston; Vice-Presidents, S. Englested, M. D., Copenhagen; Edward Shippen, M. D., U. S. N.; Secretary, Dr. A. Van Harlingen, Phila.

*Obstetrics*—President, Prof. Robert Barnes, London; Vice-Presidents, Prof. Alexander R. Simpson, Edinburgh; W. H. Byford, M. D., Chicago; Secretary, Dr. William Goodell, Philadelphia.

*Ophthalmology*—President, Dr. R. Brudenell Carter, London; Vice-Presidents, William Thomson, M. D., Philadelphia; Henry W. Williams, M. D., Boston; Secretary, Dr. John Green, St. Louis.

*Otology*—President, Dr. Clarence J. Blake, Boston; Vice-President, A. H. Buck, M. D., New York; Secretary, Dr. H. N. Spencer, St. Louis.

*Sanitary Science*—President, Dr. Stephen Smith, New York; Vice-President, J. S. Billings, M. D., U. S. A.; Secretary, Dr. E. M. Hunt, New Jersey.

*Mental Diseases*—President, Dr. J. P. Gray, New York; Vice-Presidents, E. Grissom, M. D., North Carolina; I. Ray, M. D., Philadelphia; Secretary, Dr. W. Kempster, Wisconsin.

*Committee on Publication*—John Ashhurst, Jr., M. D.,; Richard J. Dunglison, M. D.; William Goodell, M. D.; James H. Hutchinson, M. D.; Casper Wister, M. D., all of Philadelphia.

The report was accepted, and the nominees were unanimously elected.

Dr. Gross, on taking the Presidential Chair, thanked the Congress for the honour conferred on him, and said that no other would be dearer to him during the remainder of his life than that of presiding over their deliberations. He considered it was an honour not solely bestowed on him, but as a tribute to the profession of Philadelphia, who had been so instrumental in organizing this Congress. To preside over such a body, he said, is an honour of no ordinary kind.

At 2 o'clock, P. M., the Congress was called off from labor to refreshment in one of the basement rooms of the University Building, where a sumptuous free luncheon was served. After luncheon, the Congress met in

## SECTIONS.

SECTION I. *Medicine.*—The subject assigned for discussion was "Typho-Malarial Fever: Is it a Special Type of Fever?" and was introduced by Surgeon J. J. Woodward, U. S. Army.

Dr. Woodward made some preliminary remarks on the mortality of armies from disease, with comments on the comparison recently drawn by Professor Virchow between the mortality of the United States armies during the late civil war and that of the German armies during the war with France.

The history of the introduction of the term typho-malarial fever was then given, and the proposition submitted that whenever great armies campaign in malarial regions the prevalent fevers are hybrids, between malarial fevers and some form of typhus.

Dr. Woodward remarked on the distribution of malarial fevers and of typhoid fever in the United States, and on their relation to season of year; and on the substitution of malarial fevers in partic-

ular regions, or at particular times, by typhoid. He then sketched the symptoms and pathological anatomy, and referred to the two great groups of cases; those in which the malarial element predominates, and those in which the typhoid element predominates; and to the scorbutic taint as a complication of either group during the civil war.

After discussion, which was participated in by Drs. Bartholow, of Cincinnati, Pepper, of Philadelphia, Woodward, and others, the Section adopted as its opinion the following conclusion: Typho-malarial fever is not a special or distinct type of disease, but the term may be conveniently applied to the compound forms of fever which result from the combined influence of the causes of the malarial fevers and of typhoid fever.

The Secretary then read an interesting paper for Prof. ESTLANDER, of Finland, relating to the alternation of the malarial and the typhoid types of the disease in certain regions of his native land.

SECTION II. *Biology.*—Christopher Johnston, M. D., Prof. of Surgery in the University of Maryland, opened the discussion on the "Microscopy of the Blood." The paper presented an exhaustive analysis of the subject, but no conclusions were presented.

SECTION III. *Surgery.*—Dr. John T. Hodgen, Prof. of Surgery in St. Louis Medical College, opened the discussion on "Antiseptic Surgery." This subject led to a very animated debate, which consumed the entire afternoon, and was adjourned to the next day.

SECTION IV. *Dermatology and Syphilology.*—The discussion on the "Variations in Type and in Prevalence of Diseases of the Skin in Different Countries of Equal Civilization" was introduced by James C. White, M. D., Prof. of Dermatology in Harvard University.

SECTION V. *Obstetrics.*—Prof. Robert Barnes, of London, on taking the chair, said: I do not know how I can express myself for the very unexpected honour of being called upon to preside over this Section, one of the most important connected with this Congress. In England we recognize the value of this branch of study but there is no country that can claim superiority over America in the development of the science of the subject. Your authors and writers are acknowledged as authorities, and, as you are in the lead, it is incumbent upon you to cultivate and improve your discoveries. It is doubly incumbent upon us to cultivate the practice of obstetrics,

for it lies at the very root of the race, and unless you practise those sciences which make it more effective, we are cut off at the root.

The question for discussion was "The Causes and the Treatment of Non-puerperal Hemorrhages of the Womb"—a most interesting paper read by Prof. Byford. The discussion was participated in by Dr. Goodell, Prof. Simpson, of Edinburgh, Dr. Barnes, Dr. Parvin, Dr. Bordon, Dr. Dean and Dr. Sherman. Dr. Goodell spoke of the inertness of astringents used by the mouth. When used in conjunction with opium, he thinks the benefit only derived from that drug. Gallic acid is an exception if prescribed in doses of 20 to 30 grains, repeated every two or three hours until a half-ounce is given. Has seen some cases in which ergot seemed followed by increased hemorrhage. Occasionally is utterly unable to discover the cause of the hemorrhage, and then treats empirically. Uses chemically pure nitric acid to the cavity of the womb with good effect. He thought that the administration of hydrarg. bichlorid. acted as an alterative, and increased the number of red blood-corpuscles.

SECTION VI. *Ophthalmology.*—Henry W. Williams, M. D., Professor of Ophthalmology in Harvard University, introduced for discussion "The Comparative Value of Caustics and of Astringents in the Treatment of Diseases of the Conjunctiva, and the Best Mode of applying them."

SECTION VII. *Otology.*—The subject for discussion, "The Importance of Treatment of Aural Diseases in their Early Stages, especially when arising from the Exanthemata," was introduced by Albert H. Buck, M. D., of New York.

SECTION VIII. *Sanitary Science.*—The discussion on the "Present Condition of the Evidence concerning Disease Germs" was introduced by the Reporter, Thomas E. Satterthwaite, M. D., of New York.

SECTION IX. *Mental Disease.*—The first question for discussion, the "Microscopical Study of the Brain," was reported upon by Walter Kempster, M. D., Physician and Superintendent of Northern Hospital for Insane, Oshkosh, Wis.

At 8 P. M. a Public Reception was tendered the Congress by the Medical Profession of Philadelphia, in Judges' Hall, Exhibition Grounds, Fairmount Park. It was largely attended by the delegates and their ladies. The Committee of Arrangements had intended a

handsome surprise in the way of a "moonlight pic-nic," but a shower of rain compelled a change of programme, and the choice refreshments provided for the occasion were served at a restaurant near by on the grounds.

### Second Day's Proceedings.

GENERAL MEETING—*Tuesday.* The Congress met at 10 A. M. Reports from the various sections, containing the results of their deliberations, were read and accepted.

After the adoption of several important resolutions came the

ADDRESS ON HYGIENE AND PREVENTIVE MEDICINE,

by Henry I. Bowditch, M. D., President of the State Board of Health of Massachusetts. The value and importance of this paper is shown by the following resolution which was unanimously adopted by the Congress:—That the Committee on Publication be instructed to send to the governor of each State and Territory, for transmission to their respective legislatures, a copy of the address of Dr. Bowditch.

Next in order was the

ADDRESS ON MEDICAL CHEMISTRY AND TOXICOLOGY,

by Theodore G. Wormley, M. D , Professor of chemistry in Starling Medical College, Columbus, Ohio. The address was one of great ability.

At 2 P. M., after luncheon, the *Sections* met. *Medicine.*—Dr. J. Lewis Smith, Physician to the New York Infant's Hospital, introduced the discussion on the question "Are Diphtheritic and Pseudo-membranous Croup Identical or Distinct Affections?"

The points made by the author were, that croup is a local malady, and that diphtheritic laryngitis is the expression or manifestation of a general malady. *Biology.*—The subject for the afternoon's discussion was "The Excretory Function of the Liver," with Austin Flint, Jr., M. D., Prof. of Physiology in Bellevue Hospital Medical College, New York, as Reporter. *Surgery.*—The afternoon was devoted to the continuation of the discussion of previous day on Antiseptic Surgery, the principal speaker being Mr. Joseph Lister, Prof. of Surgery in the University of Edinburgh. His remarks were illustrated by a partial demonstration of his antiseptic method.

The Section decided by vote that it was unable, in the present

state of the subject, to come to any distinct conclusion in regard to the antiseptic method. *Dermatology and Syphilology.*—Question, "Are Eczema and Psoriasis Local Diseases, or are they Manifestations of Constitutional Disorders?" Reporter, L. D. Bulkley, M. D., of New York. *Obstetrics.*—The question for discussion, "The Mechanism of Natural and Artificial Labour in Narrow Pelves," was introduced by Wm. Goodell, M. D., Clinical Professor of Diseases of Women in University of Pennsylvania. *Ophthalmology.*—"Tumours of the Optic Nerve." In opening this discussion, Dr. Hermann Knapp, of New York, presented a careful analysis of all recorded cases, including those which had fallen under his own observation.

Dr. C. R. Agnew, of New York, presented a valuable paper, entitled "Contributions to the Statistics of the Conditions of the Eyes of Scholars." *Otology.*—The question "What is the best means of Testing the Hearing?" was reported upon by Dr. Charles H. Burnett, Aural Surgeon to the Presbyterian Hospital in Philadelphia. *Sanitary Science.*—The discussion on the question of "Hospital Construction and Ventilation" was opened by a valuable historical paper by Dr. Stephen Smith, Prof. of Orthopædic Surgery in University of City of New York. *Mental Diseases.*—The "Responsibility of the Insane for Criminal Acts."

Evening Entertainments.—Reception by Dr. Ellwood Wilson, from eight to eleven o'clock. Reception by Dr. William Thomson, from eight to eleven o'clock.

### Third Day's Proceedings.

General Meeting—*Wednesday.* The Congress met at 10 A. M., and after receiving Reports from the Sections, and the transaction of other business, the

ADDRESS IN SURGERY

was delivered, by Paul F. Eve, M. D., Prof. of Surgery in University of Nashville; Prof. Rudnew, of St. Petersburg, in the chair. After this the

ADDRESS ON MEDICAL BIOGRAPHY,

by Dr. J. M. Toner, of Washington, D. C., was read—an interesting and valuable "biographical retrospect of the medical profession of the United States during the Centennial period just passed."

After luncheon, the Congress reconvened in Sections at 2 P. M. *Medicine.*—Dr. Roberts Bartholow, Prof. of Medicine in Medical College of Ohio, opened the discussion on the question: "Do the Conditions of Modern Life favour specially the Development of Nervous Diseases?" *Biology.*—Prof. Rudnew, of St. Petersburg, presented four papers emanating from the Institute of Normal Histology, St. Petersburg, viz.: On the Structure of the Sweat Glands in Man, the Horse, and Sheep, by Dr. Galani; On the Nerves and their Termination in the Pleuræ of the Rabbit, the Dog, and the Cat, by Dr. Lebedeff; Upon the Microscopical Anatomy of the Nervous Apparatus of the Bronchi and Lungs in the Frog, the Rabbit, and the Dog, by Dr. Jantchich; Upon the Endings of the Nerves in the Skin of Man, by Dr. Jantchich. Dr. J. G. Richardson, of Philadelphia, also read a paper on the Occurrence of Fungous Growths in Solutions for Hypodermic Medication, and their Prevention by Salicylic Acid. *Surgery.*—"The Medical and Surgical Treatment of Aneurism" was reported upon by William H. Van Buren, M. D., Professor of Surgery in Bellevue Hospital Medical College, New York. *Dermatology and Syphilology.*—The question assigned for discussion was "The Virus of Venereal Sores; its Unity or Duality," and the reporter was Freeman J. Bumstead, M. D., late Professor of Venereal Diseases at College of Physicians and Surgeons, New York. *Obstetrics.*—Dr. Washington L. Atlee introduced the question of "The Treatment of Fibroid Tumours of the Uterus." The subject was treated mainly from the standpoint of personal experience. A paper entitled, "The Three most Important Obstetrical Instruments," by Professor Lazarewich, of the University of Kharkoff, Russia, and a paper on "Electrolysis, especially for the Cure of Ovarian Cysts," by Frederic Semeleder, M. D., late Lecturer at the University of Vienna, were read. *Ophthalmology.*—Dr. E. Williams, Prof. of Ophthalmology in Miami Medical College of Cincinnati, was the Reporter on "Orbital Aneurismal Disease and Pulsating Exophthalmia: their Diagnosis and Treatment." Dr. George C. Harlan, of Philadelphia, contributed the notes of two cases of orbital aneurism. *Otology.*—Question, "In what percentage of cases do Artificial Drum membranes prove of Practical Advantage?" Reporter, H. N. Spencer, M. D., of St. Louis. Dr. Sam'l Jones, Prof. of Otology in Chicago Med. College read also a valuable paper on Treatment of Chronic Non-Suppura-

tive Inflammation of the Eustachian Tubes and Middle Ear. *Sanitary Science.*—Question, "The General Subject of Quarantine, with particular reference to Cholera and Yellow Fever." Reporter, J. M. Woodworth, M. D., Supervising Surgeon General U. S. Marine Hospital Service.

The following conclusions of the Reporter were adopted by the Section:—

1. The supervision of ocean travel ought to be directed to securing good sanitary condition of vessels at all times, out of as well as in port.

2. A system of Port Sanitation should be adopted and administered for each country or place, separately, modified in particular cases by taking into account the liability of the port to infection, the period of incubation of the disease, the length of time consumed in the voyage, and the measures enforced by the vessel en route.

3. In some countries the detention of passengers and crews of ships hailing from infected ports is warranted, but for such time only as is necessary to complete the period of incubation of cholera or yellow fever, counting from the date of departure from an infected port or landing from an infected vessel; but in no instance should passengers or sailors be held for observation on board an infected vessel, and such vessel should not be detained beyond the period required for inspection and thorough disinfection and cleansing.

4. Recognizing the fact that the modifications of infectious diseases may sometimes elude the most vigilant sanitary supervision of shipping, the importance of wisely directed internal sanitary measures can scarcely be overestimated.

5. So far as America is concerned, it is desirable that prompt and authoritative information should be had of the shipment of passengers or goods from cholera and yellow fever infected districts, thereby insuring the thorough disinfection of infected articles.

6. It is believed that the endemic forms of cholera and yellow fever are the fields which give the greatest promise of satisfactory results to well-directed and energetic sanitary measures, and to this end an international sentiment should be awakened, so strong as to compel the careless and offending people to employ rational means of prevention.

*Mental Diseases.*—Question, "Simulation of Insanity by the Insane." Reporter, C. H. Hughes, M. D., of St. Louis, Missouri.

At 7.30 P. M. the Congress was addressed by J. J. Woodward, M. D., Surgeon U. S. Army, on "The Medical Staff of the United States Army, and its Scientific Work."

EVENING ENTERTAINMENT.—Reception by Dr. George Strawbridge, at 9 o'clock, St. George's Hall.

### Fourth Day's Proceedings.

GENERAL MEETING—*Thursday.* Reports from the Sections were received and adopted, and the

ADDRESS IN OBSTETRICS

was then delivered by Theophilus Parvin, M. D., Prof. of Obstetrics in College of Physicians and Surgeons, Indiana. The distinguished speaker in closing his address said that the improvements and advances in obstetrics have saved more lives and accomplished greater benefits to humanity than those in surgery and other operative sciences.

Next came the

ADDRESS ON MEDICAL JURISPRUDENCE,

delivered by Stanford E. Chaillé, Prof. of Physiology and Path. Anat. in University of Louisiana. This paper was, indeed, one of the most excellent contributions made to the Congress.

After luncheon, the Sections met as usual. *Medicine.*—Question for discussion: "The Influence of High Altitudes on the Progress of Phthisis." Reporter, Charles Denison, M. D., of Denver, Colorado. The paper was an exceedingly elaborate one. *Biology.*—"The Mechanism of Joints." Reporter, Harrison Allen, M. D., Prof. of Comp. Anat. in the Univ. of Pennsylvania. *Surgery.*—Question, "Treatment of Coxalgia." Reporter, Louis A. Sayre, M. D., Prof. of Orthopædic Surgery in Bellevue Hosp. Med. College, New York. *Dermatology and Syphilology.*—Question, "The Treatment of Syphilis with Special Reference to the Constitutional Remedies appropriate to its various stages; the Duration of their Use, and the Question of their Continuous or Intermittent Employment." Reporter, E. L. Keyes, M. D., Adjunct Prof. of Surgery and Prof. of Dermatology in Bellevue Hospital Medical College, New York. *Obstetrics.*—Question, "The Nature, Causes, and Prevention of Puerperal Fever." Reporter, Wm. T. Lusk, M. D., Professor of Obstetrics in Bellevue Hospital Medical College, New York. After stating that puerperal fever is a generic term, the author defined its varieties and the distinction between non infectious and infectious forms. *Ophthalmology.*—Question, "Are Progressive

Myopia and Posterior Staphyloma due to Hereditary Predisposition, or can they be induced by Defects of Refraction, acting through the Influence of the Ciliary Muscle?" Reporter, E. G. Loring, M. D., of New York. Dr. George T. Stevens, of Albany, read a paper "On the Relations between Corneal Diseases and Refractive Lesions of the Eye." *Otology.*—Question, "What is the best Mode of Determining the Hearing of School Children; and how should Partially Deaf Children be instructed—in Mixed Classes with those who hear well, or in Separate Classes where due allowance will be made for their defective hearing?" Reporter, Clarence J. Blake, M. D., Instructor in Otology in Harvard University. *Sanitary Science.*—Question, "Disposal and Utilization of Sewage and Refuse." Discussion was opened by Henry Hartshorne, M. D., Prof. of Hygiene in the University of Pennsylvania. Dr. E. R. Squibb, of Brooklyn, N. Y., read a paper on a "Universal Pharmacopœia." *Mental Diseases.*—Question, "The best Provision for the Chronic Insane." Reporter, C. H. Nichols, M. D., Phys. and Sup't of Gov't Hospital for Insane, Washington.

Evening Entertainments.—Reception by Mr. Henry C. Lea from eight to eleven o'clock. Reception by Mr. J. B. Lippincott from eight to eleven o'clock.

### Fifth Day's Proceedings.

General Meeting—*Friday.* The Congress reassembled at 10 A. M., and after receiving reports from Sections, on motion of Dr. Davis, of Chicago, it was

Resolved, That the Committee on Publication be authorized and instructed, as soon as practicable after the final adjournment of the Congress, to ascertain the probable cost of publishing the full transactions in a style appropriate for the work, and if the money on hand is found deficient, they shall address a circular letter to such American members of the Congress, asking for such additional sum, not exceeding $10 for each, of such members as will supply the deficiency; and that said committee be authorized to withhold the volume or volumes, when published, from any member who may neglect to pay the additional sum required.

THE ADDRESS ON MENTAL HYGIENE

was then delivered by John P. Gray, M. D., Sup't and Phys. to N. Y. State Lunatic Asylum, Utica; and next followed the splendid

ADDRESS ON MEDICAL LITERATURE,

by Lunsford P. Yandell, late Prof. of Physiology in University of Louisville.

At 2. P. M., after luncheon, the Congress met in Sections. *Medicine.*—The following papers were read: "The Treatment of Simple Ulcer of the Stomach," by Dr. H. Lebert, formerly Prof. of Clin. Med. at Zurich and at Breslau. "Progressive Pernicious Aanæmia," by R. P. Howard, M. D., Montreal. "Alcohol in its Therapeutic Relations as a Food and Medicine," by Ezra M. Hunt, M. D., New Jersey. "Sclerosis of the Vessels of the Lungs," by Prof. Rudnew, St. Petersburg. *Surgery.*—Mr. William Adams, of London, England, read an interesting paper on "Subcutaneous Division of the Neck of the Thigh Bone." Dr. L. A. Dugas, of Georgia, read a paper on "Penetrating Wounds of the Abdomen; with Suggestions of a Change of Practice in such Cases." *Dermatology and Syphilology.*—Dr. S. Engelsted, Physician in Chief of the Copenhagen Hospital, read a paper entitled "Measures to Prevent the Propagation of Venereal Diseases in Denmark." The paper was interesting and valuable. It stated very fully the laws in successful operation in Denmark, and gave statistics showing very favourable results. A paper on the "Prevention of Syphilis," by Dr. Chas. R. Drysdale, of London, was then read. *Obstetrics.*—Dr. E. H. Trenholme, Prof. of Midwifery and Diseases of Women in Bishop's College, Montreal, read a paper on "Uterine Hemorrhage." Dr. James P. White, of Buffalo, presented a paper on "Chronic Inversion of the Uterus." Dr. T. F. Rochester, of Buffalo, read a paper on "Retroversion of the Gravid Uterus." *Ophthalmology.*—Dr. Dudley S. Reynolds, of Louisville, Ky., presented a "Report of One Hundred Cases of Senile Cataract." *Otology.*—Dr. Charles H. Burnett, Aural Surgeon to Presbyterian Hospital of Philadelphia, presented a paper on "Aural Vertigo with Variable Hearing." *Sanitary Science.*—Dr. E. R. Squibb, of Brooklyn, N. Y., submitted a paper on "Metrical System of Weights and Measures." Dr. J. G. Keer, of China, then read a paper on "Medical Missions." *Mental Diseases.*—Dr. Edward C. Spityka, of New York, read a paper "On the Methods of Examination which will reveal a clear and decisive connection between the Symptoms of Insanity and the Pathological Lesions on which they depend."

At 7 P. M. the Public Dinner of the Congress was served in St. George's Hall.

### Sixth Day's Proceedings.

GENERAL MEETING—*Saturday.* Reports from Sections were received; and after several complimentary resolutions, Dr. N. S. Davis, of Chicago, delivered the

ADDRESS ON MEDICAL EDUCATION AND MEDICAL INSTITUTIONS.

He sketched the history of medical education and medical schools in this country during the past century.

At the conclusion of Dr. Davis' address, complimentary resolutions and speeches were again in order. On motion of Dr. Sayer, of New York, it was "*Resolved* that this International Medical Congress request their President, Professor Gross, to sit for his Portrait, and that the Committee of Publication be instructed to have the same engraved and printed in the frontispiece to the volume of the transactions."

Before putting the question of the final adjournment, Dr. Gross begged leave to say a few parting words, and concluded his happy and most touching little speech as follows: "When another Centennial century shall have passed away, the men who shall then be upon the stage will not fail to commemorate our meeting, and to bless us for what has been done this week in the interests of humanity and of medical science. In dissolving this meeting, as I now do, permit me to invoke upon our labours the choicest blessings of Almighty God, and to wish each and all of you a safe return to your homes and a happy reunion with your families and friends. May we not hope that you may long, if not forever, retain pleasant memories of our meetings in this Chapel, and that in your leisure moments your minds may occasionally resort to those of us from whom you are about to separate."

Thus the labors of the Congress of 1876, were concluded, and it adjourned *sine die.*

[In the preparation of the above proceedings, we have made free use of the excellent reports in the Phila. *Med. Times*, *Med. and Surg'l Reporter*, and *The Med. News and Library.* ED.]

# THE MEDICAL STUDENT.

**James E. Reeves, M. D., Editor and Proprietor.**

OCTOBER, 1876.


## CLOSE OF THE FIRST VOLUME.

WITH the present number closes the first volume of the *West Virginia Medical Student.* How far we have succeeded in doing a good work for the profession in the State, others will decide. This much, however, we may be permitted to say—we have done the very best we could, and, therefore, have no apologies to make. In the editorial pages, we have mostly confined our remarks to subjects involving the welfare of the profession in West Virginia; and in every such effort, especially where the actions of others were criticised, to do justice, "without fear, favor or affection," was our sole aim. If at any time we have written with seeming bitterness, it should be charged to the gravity of the case which we had in hand—not to motives of personal ill-will. In our first issue, we declared it our purpose to defend the Code of Ethics against all violations of its provisions, hereabouts; and subsequently in doing a plain duty we may have made a few enemies. If such has been the result, we are sorry; but not on account of our words, for we promise that they shall grow sharper as the offences which demanded them are repeated. It is the duty of every honorable physician to mark well "the dividing line between illegitimate and legitimate practitioners," and when gentlemen claiming to belong to the latter class habitually seek the common vehicle of the former—the secular press—to gain public notoriety, they ought to be "sent across the line" where they properly belong. At least, that is our opinion of them. In this particular field of professional *reform*, the labors of the *Student* have not been without special good effect in Wheeling.

And now for our regrets. It has been a matter of much disap-

pointment to us that a great many promises of papers for publication have been so poorly kept—in other words, that so few West Virginia physicians have written for the *Student;* and if we did not know the fact that during the entire year only three or four very brief reports of cases, from this State, have been sent to other journals for publication, we might possibly conclude that our effort, in offering a home medium, was not acceptable. Besides, the success of the *Student* in a business point of view has largely exceeded our expectations, and that is proof it was for no lack of good will at home, that home contributions to its pages have been so few and far between. From the start it has paid its way, notwithstanding the expensive style in which it has been regularly issued, and the subscription list is steadily on the increase.

But while we may justly complain of the quantity of original home matter, the *quality* of the little furnished has been good, some of it, indeed, first class. Of the contributions which have appeared in our pages from Prof. James Tyson, of Philadelphia, Dr. John C. Peters, of New York City, Professors Starling Loving and J. H. Pooley, of Columbus, Ohio, Prof. W. W. Dawson, of Cincinnati, Prof. Hunter McGuire, of Richmond, Va., and Dr. R. P. Reamy, of Traylorsville, Va., it is not necessary that we should speak further than to return our thanks for the valuable aid they have afforded in establishing the character of the work.

We can only promise for the future that our efforts shall not relax to make the *Student* a fair exponent of the advances in practical medicine and especially valuable to the general practitioner. To this end we are looking to an increase in the size of the journal, and hope to be able to give very soon 48 pages, instead of 32, with each issue. The present volume has exceeded the size promised in the prospectus by 20 pages.

We have not been unmindful of the value of the kind words spoken in favor of the *Student* by our exchanges. These have encouraged us beyond measure; and we step out upon the labors of another year to work not only for the profession in West Virginia, but for the common good.

——The International Medical Congress.—Our readers will notice that the present number is mostly occupied with the proceedings of the International Medical Congress, and yet the report which

we have given is but a mere outline of the Transactions. Indeed, there was so much said and done in the interest of the great Commonwealth of Medicine—so much to the credit of the American medical profession, and nothing to shame—so much for the benefit of all sorts and conditions of men, that to give a complete record of the proceedings would require a volume at least four times the size of a whole year's issue of the *Student.*

The larger space devoted to the first day's proceedings, has been given to indicate the true nobility and representative character of the Congress. In its organization, the choice of Prof. S. D. Gross, as President, was not unexpected, and the immense assembly of learned men gave a warm expression of pleasure on being able to pay this fitting tribute to his life of labor in the cause of medical science. The social part of the programme was just as excellent, and it will never be forgotten how much the Philadelphia brethren did to make the occasion one of the happiest, as well as the most profitable, that has ever been enjoyed by the profession in this country. A thousand thanks to them! we say. And next comes the wish that every one of our readers will promptly subscribe for the splendid volume of Transactions soon to be published. It will be a perfect mirror of American achievements and advances made during the century just closed in all the departments of the profession. Let the price of the volume or volumes be what it may, the work will be worth to every physician much more than it will cost.

——The index to the present volume will be sent with the next issue.

——Professional Advertising.—The *Am. Med. Weekly* in its issue of the 16th Sept., gave "Dr. Gasbag," on his departure for the Centennial and International Medical Congress, a few home thrusts.

Wheeling can boast of a few of the same sort of "advertising showmen."

——Among other important matter on file for the next number, we have an interesting Letter from Dr. I. T. Nickline, of this State.

——Delinquent Subscribers who have persistently disregarded the receipt of subscription bills, and our respectful requests to *pay up*, will not receive the next number, but instead they shall have a personal advertisement, for we intend to publish a list of all such free readers of the *Medical Student.*

——Wheeling was represented in the International Medical Congress by Drs. John Frissell, John Cox Hupp, E. A. Hildreth and James E. Reeves.

——We return thanks to Dr. Wm. J. Bates, Jr., for great favors during our recent leave of absence. Dr. Bates is one of the most promising ahd deserving young physicians in Wheeling.

——Credit to Whom Credit is Due.—In closing the present volume, it is but just to tell that the printing of the Medical Student, from the start, has been done by an amateur printer, the son of the editor, a boy only 18 years of age, who 3 years ago had never set a type, never had his hands to a printing press, and knew nothing practically of the "art perservative." Neither has he at any time since been under the direction of a professional printer. The press on which the work has been done is known as the Star Job Press, a machine of immense power, perfect in all its parts, easy running, and, at ordinary speed, (foot power) will make from 800 to 1000 impressions per hour. It has not been out of good running order for a moment since it was first set up, a year ago. The manufacturer, Mr. John M. Jones, Palmyra, New York, is also largely engaged in the manufacture of amateur presses. It was with one of these that the now accomplished printer of the Student first began to work about two years and a-half since.

——Those of our readers who have sons to educate, should send for the Announcement of the Polytechnic Institute, at New-Market, Shenandoah Co., Va. We had the opportunity, a few weeks since, of going through this Institution, of examining its various laboratories, inspecting the apparatus in its scientific and mechanical departments, and are fully of the opinion that a better school for the training of young men, in all that ennobles manhood, cannot be found. The School is under the Presidency of Prof. Ben. Hyde Benton, a gentleman of rare attainments in the sciences, and, in every way, possesses the very highest qualifications for the important work he has in charge. His assistant, Prof. Joseph Salyards, is one of the most distinguished literary men in Virginia. Besides being one of the best schools in the country, it is also one of the cheapest—"Tuition, board, lodging, washing, fuel, lights and furniture, $150, to $160, per session of nine months."

During our brief visit to New-Market, we had the pleasure of renewing our acquaintance with the medical men of the town, and had a good time generally. The people there may, indeed, well feel proud of their physicians, especially of Dr. Casper Henkel who is one of the most accomplished physicians and surgeons in the great valley of Virginia.

——The regular course of lectures in Starling Medical College, began on the 2d of this month with every indication of a large class by 1st of November.

——Publications Received.—Transactions of the College of Physicians, Philadelphia, third Series, Vol. 2.

Howell on Yellow Fever and Malarial Diseases.

# WORLD'S FAIR, 1875.

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Yours truly,

A. H. KOLLMYER, M.A., M.D., C.M.,

*Professor Mat. Med. University of Bishops College,*

*Lecturer on Chemistry, Botany and Mat. Med.*

*in the Quebec College of Pharmacy, etc., etc.*"

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